VIEW POINT

REHABILITATION MEDICINE: AWARENESS AND SURVIVAL IN PAKISTAN

Sahibzada Nasir Mansoor I^M, Farooq Azam Rathore²

THIS ARTICLE MAY BE CITED AS: Mansoor SN, Rathore FA. Rehabilitation medicine: Awareness and survival in Pakistan. Khyber Med Univ J 2014;6(3):139-140.

Dhysical medicine and rehabilitation also referred to as physiatry or rehabilitation medicine is a branch of medicine concerned with evaluation and treatment of, and coordination of care for, persons with musculoskeletal injuries, pain syndromes, and/or other physical or cognitive impairments or disabilities. The primary focus is on maximal restoration of physical and psychological function, and on alleviation of pain.1 Rehabilitation consultants work as team leaders and device plans and strategies to achieve maximal functional outcome for patients. The other members of the team include physiotherapists, occupational therapist, speech and language therapist, psychologists, orthotist and prosthetists. Rehabilitation medicine as a specialty was introduced in Pakistan in 1994. Although for almost after two decades the specialty didn't gainmomentum initially. There are at present only three recognized training institutes in the country and only one institute, Armed Forces Institute of Rehabilitation Medicine (AFIRM) is actively imparting training to residents in the field.² The reason is little awareness among doctor community as well as allied medical professionals and medical students regarding the scope of the field. Even the National Institute of Rehabilitation Medicine (NIRM) has only a visiting Rehabilitation physician but doesn't have permanent Rehabilitation consultants.

It was only after the 2005 earthquake with hundreds of disable patients to take care of. There was no qualified specialist to deal with the disabilities and attention was drawn towards the rehabilitation specialists and the recognition of the field. The ongoing war on terror and the active involvement of our forces has led to a large number of amputees and the rehabilitation consultants of the forces had an active contribution in rehabilitating them with the state of the art prosthesis. There are 43 rehab fellows, less than 10 supervisors in the field and a meager number of 10 trainees.² The figures are alarmingly low for a population of 180 million already at war with terrorism, and economic crises. It will not be surprising to hear lack of awareness about the field.

Almost every rehab consultant and residents come across a number of incidents daily regarding poor information about the scope of field and the services provided. It requires a change of mind and a thorough campaign to educate starting from the doctor's community down to the patients, caregivers and masses. In Pakistan, the general perception about rehabilitation is "physiotherapy" because the departments previously named the physiotherapy departments are now converted to rehabilitation departments after availability of rehab consultants. Still people have difficulty in spelling the word rehabilitation, even if you tell them about the department of rehabilitation medicine, the next question would be," that physiotherapy department??". Patients usually will be referring you as the "doctor of physiotherapy".

During an interview for masters in pain management at a local university a professor of anesthesia asked one of the

- E-mail: drnasirmansoor@gmail.com
- ² Assistant Professor, Head of Department Rehabilitation Medicine, CMH Lahore Medical College, Lahore, Pakistan Date Submitted: October 24, 2013 Date Accepted: June 23, 2014

authors, what rehab has got to do with pain?? Is there any pain management in rehab?? Is pain part of your curriculum?? He didn't even see any role of rehabilitation medicine in stroke patients except for management of contracture. This shows the level of awareness about the field. Many of our colleagues still ask us what is your field? What do you people do??

We routinely receive referrals in hospitals mentioning, "Referred to physiotherapy department or referred for physiotherapy". We are still considered as a dumping ground for all bed cases of the hospital not requiring further active management.We need a change in attitudes, awareness and mindset. This is no different for developing countries like Pakistan; similar problems have been reported from other countries including Singapore.³ Overall Asia and Africa are lagging behind in the field of Rehabilitation medicine.⁴ World health organization (WHO) in its world report on disability mentioned the plight of people with disabilities and the role of governments, healthcare systems and rehabilitation teams.⁵ Currently WHO has initiated process for disability management in its action plan for 2014-2021 that include developing and promoting rehabilitation leadership, inclusion of disability and rehabilitation awareness in under graduate and post graduate curriculum and providing training and support in helping people with disabilities.

On the other hand the word rehabilitation is such an umbrella term that is commonly misused and misunderstood. It is used in many areas except medical rehabilitation like, earthquake rehabilitation, drug rehabilitation andphysical rehabilitation that creates confusion among general public and policy makers generalizing the scope of the field. This has been further complicated by the mushrooming of physiotherapy institutes with similar names.

I would conclude this by saying that rehabilitation community in the country is in a continuous struggleeveryday for the existence, evolution and development. But on the other hand things have improved significantly over the past decade with proactive rehab consultants presenting their work nationally and internationally making their presence feel. There is increasing awareness about the field in neuro-rehabilitation, orthopedic medicine, sports injuries, electrodiagnostics, spinal cord injury rehabilitation, amputee rehabilitation, cardiac rehabilitation, pediatric rehabilitation, degenerative and rheumatological rehabilitation and geriatrics. Rehabilitation consultants are

making a difference in the management of these patients by adding life to the years. These problems can be addressed by incorporating rehabilitation medicine in undergraduate and post-graduate curriculum, government support and recognition of the importance of specialty, development of subspecialties and super specialties within the field, creating of rehabilitation medicine departments in all tertiary care hospitals and development of dedicated rehabilitation institutes in major cities. Pakistan Society of Physical and Rehabilitation Medicine (PSPRM) has been established in 2011, and recently the first international conference of physical and rehabilitation medicine was organized in April 2014 at Rawalpindi.

REFERENCES

 US National library of medicine. National institute of health. [Retrieved on October 23, 2013.] Available from URL: http:// www.nlm.nih.gov/tsd/acquisitions/cdm/ subjects81.html

- Rathore FA, New PW, Iftikhar A. A report on disability and rehabilitation medicine in Pakistan: past, present, and future directions. Arch Phys Med Rehabil. 2011; 92(1): 161-6.
- Lim P. Case for rehabilitation medicine physicians in Singapore. SMA News. 2009: 41(10); 32-3. [Retrieved on October 23, 2013.] Available from URL: http://news. sma.org.sg/4110/Rehab.pdf
- Chino N, Ishigami S, Akai M, Liu M, Okajima Y, Koike J, et al. Current status of rehabilitation medicine in asia: a report from new millennium Asian symposium on rehabilitation medicine. J Rehabil Med 2002; 34: 1-4.
- World Health Organization. World report on disability 2011. [Retrieved on October 23, 2013.] Available from URL: http://www.who.int/disabilities/world_report/2011/en/index.html.

CONFLICT OF INTEREST

Authors declare no conflict of interest GRANT SUPPORT AND FINANCIAL DISCLOSURE NIL

> KMUJ web address: www.kmuj.kmu.edu.pk Email address: kmuj@kmu.edu.pk