

**Goals & Objectives**  
**PHYSICAL MEDICINE ROTATION FOR GERIATRIC FELLOWS**

**I. EDUCATIONAL PURPOSE**

Goals: to enhance the resident's knowledge and skills in rehabilitation.

Objectives:

1. The resident will be able to employ rehabilitation strategies in older patients with the following problems:
  - a) Common musculoskeletal disorders and related disabilities
  - b) Common neurological disorders and related disabilities
  - c) Stroke and related disabilities
  - d) Gait and Balance disorders and related disabilities
  - e) Common movement disorders and related disabilities
  - f) Limb amputation
2. The resident will be able to identify indications for patient referrals and benefits to be gained from referrals to the following rehabilitation specialists:
  - a) Psychiatrist
  - b) Physical therapist
  - c) Occupational therapist
  - d) Speech therapist
3. The resident will master the physical exam of the older patient as performed by a psychiatrist for:
  - a) Joint and musculoskeletal problems
  - b) Neurological disabilities
4. The resident will identify and appropriate diagnostic evaluations for physical disabilities and their appropriate use.
5. The resident will learn appropriate selection and prescription and principles of fitting canes, walkers and wheelchairs and other adaptive devices and equipment

**II. TEACHING METHODS**

1. Clinical bedside teaching
2. Individualized directed reading
3. Attendance of physical therapy, occupational therapy or other selected therapy sessions.

**III. MIX OF DISEASES**

1. Stroke
2. Movement disorders
3. Musculoskeletal disorders causing functional disabilities.
4. Amputations
5. Chronic heart failure and respiratory illness

**IV. PATIENT CHARACTERISTICS**

1. Elderly with functional consequences of chronic diseases.
2. Acute rehabilitation

**V. TYPES OF CLINICAL ENCOUNTERS**

1. Acute inpatient
2. Acute inpatient rehabilitation unit
3. Outpatient physical medicine clinics

**VI. PROCEDURES AND SERVICES**

1. Evaluation of acute and chronic rehabilitation problems
2. Team meetings on acute rehabilitation unit

**VII. EDUCATIONAL RESOURCES**

1. Studentski SS. Brown CJ, Duncan PW. Rehabilitation. GRS 6<sup>th</sup> edition pp 108-119
2. Alexander N.B. Gait Disturbances GRS 6<sup>th</sup> edition pp 195-201.
3. Cooney L.M., Murphy M.J. Back Pain GRS 5<sup>th</sup> edition pp282-287.
4. Martin C.O., Adams H.P. Neurological Disease And Disorders. GRS 6<sup>th</sup> edition, pp 458-470.

**VIII. METHOD OF EVALUATION OF FELLOWS' COMPETENCE**

At the end of each rotation, Faculty, staff and patients evaluate the Fellows in written form and the Fellows evaluate Faculty and the rotations in written form. The evaluations are documented in written form and are reviewed at a quarterly faculty meeting before being shared with the Fellows.

**IX. TEACHING PERFORMED BY FELLOWS**

The geriatric medicine fellow is typically the only trainee on the rehabilitation service. They are encouraged to share new knowledge in geriatrics with nurses and therapists with whom they interact.

Evv5/21/06

Dear Geriatrics Fellows:

The above matrix illustrates assessment domains for the evaluation of a patient who is to undergo a program of rehabilitation. For each domain the patient's functional abilities are determined both at baseline (before he/she became sick or injured) and at the time of admission to the rehabilitation program.

This matrix may prove helpful when you first start your Physical Medicine rotation. Please check with your Physiatry attending to determine his preferred instruments or measures for the various domains.

Bill Lyons

**FUNCTIONAL ASSESSMENT OF THE REHABILITATION PATIENT**

<b>CATEGORY</b>	<b>BASELINE</b>	<b>AT REHAB ADMISSION</b>
ADL capability		
IADL capability		
Upper extremity strength, range of motion, dexterity		
Balance, transfers, mobility		
Vision		
Hearing		
Bladder control		
Bowel control		
Mood (depressed?)		
Social (family, finances, etc.)		
Cognitive function		
Nutritional status		
Swallowing function		
Speech and language		