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
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

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

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