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REHABTALK

Mail to : Editor - Dr. S. Sunder, Flat No.9, Block D-1 Anand Apartments,
50, L.B. Road, Thiruvanmiyur, Chennai - 600 041. Phone : 43313333
e-mail : drsunder@gmail.com

From the Editors Desk

Dear friends,

Wish you all a glorious Happy New Year ! This will be the last edition of Rehabtalk that I will be editing, and it has been a great experience. There will be a whole new team and I wish every one of them success in steering this association forward and in the right direction. There is a large number of young and enthusiastic physiatrists and proportionately there are also more opportunities in the field opening up. Looks like the next decade will be full of activity and growth, and hope that we all are part of it. In this issue we have usual contributors Dr.Koustubh and Dr.U.N.Nair chipping in with their articles. And there are of course the usual messages and announcements.

Adieu for now !

Dr.Sunder
Editor

From the President's Desk

Dear Fellow Physiatrists, 10th January 2010

Greetings and good wishes on behalf of the members of the Indian Association of PMR experts.

The year 2010 has passed now. In spite of the fact that Communications and commerce are global and technology being magical, the ambition for leading a better quality of life is almost universal irrespective whether the individual is handicapped or without any disability. We have to earn our reputation and build up the confidence among the masses in a respectful manner with experts of the related specialty in achieving our rehabilitation goal among the disabled population.

And so today, fellow physiatrists must pledge to begin with a new season of hope and commitment towards a better horizon. To build up and renew the physiatry, we must be bold.

Long Live IAPMR

Dr Ajit ku. Varma, *Physiatrist*
President, IAPMR . Patna

Dear Members,

Wishing you and your family a Happy and Prosperous New Year. I am addressing you for the last time, as Secretary,. The new committee will take over from 1st April 2011. My best wishes for them. The present committee has completed many activities. You will get Annual Report 2011 at IAPMRCON 2011 along with newly amended constitution book. Membership register will be available at IAPMR Stall at Delhi IAPMRCON for your signature and updating. Visitor's book will be available for your comments and suggestions.

My sincere thanks and gratitude to all the members of present committee and others who helped us during last few years to keep the IAPMR flag flying high. I am sure that if we work together, we will able to reach our ultimate goal; which has been partially achieved.

With warm regards.

Prof. R.N. Haldar
Secretary, IAPMR.

How rehabilitation can change one's life


Science and Charity by Picasso

Often when I went around people would ask me what rehabilitation means. For me, it was never possible to describe in brief terms the content and range of rehabilitation medicine, the way one would speak of cardiology or gynaecology. And finally when everything is said to my satisfaction, my friend who asked the query would give a sigh and remark with disdain, 'Oh, that is what it is, isn't it?' That fortunately ends the conversation. But I was truly taken aback at one of our midterm meets when a professional colleague who flitted between orthopaedics and PMR asked me what rehabilitation is. He was sure that people who got sick can improve and do well with orthopaedics and surely there wasn't a need for rehabilitation.


The Paralytic by Greuze

But lots have already been written on rehabilitation, its contents and its relevance in society's health. Having spent a lifetime in rehabilitation, I have come to know that rehabilitation can change one's life: the client's and the provider's. This brief article tries to understand how rehabilitation can change a rehabilitation professional's life.

1. Ability to debate of rehabilitation and caring

Medicine and medical care have been the subjects of art and literature. People who thought and wrote seriously on medicine and its impacts have been at once fascinated and frustrated by the way professionalism and relationships that medicine has fostered. While modern diagnostic medicine favours technology to stand between the patient and the physician, many thinkers feel that what is lost is the love of humankind and caring. Among the medical specialists a rehabilitationist alone can stand at this interface. However, the idea that medicine's professionalism destroys human love is not at all new. Many people have alluded to this issue. I shall take three paintings created at three different periods to expand this idea. They are i) The Paralytic by Jean-Baptiste Greuze, ii) Science and Charity by Pablo Picasso and iii) Corporate Decision by George Tooker. These paintings came out in 18th, 19th and 20th centuries and suggest that the scare of medical power has not abated.

About Picasso's painting, the critic Sandra Bertman says, "The physician's presence models both non-abandonment and continuity of care. Pain control, social, spiritual, and comfort care are clearly present elements especially when contrasted with Layton's The Courtroom, or Tooker's Corporate Decision". Martin Kohn, the commentator of Corporate Decision has this to say, "Corporate Decision was painted in 1983, the year DRG's (Diagnosis Related Groups) were introduced to medicine. And although this painting was not a direct response to that event, it speaks volumes about the corporatization of medicine in particular, and the artist's general "utter loathing . . . for decisions based on 'operating conveniences' without regard for the needs of the spirit". Very much like his other symbolic realist paintings, Tooker explains that he paints "reality impressed on the mind so hard that it returns as a dream".


Corporate Decision by Tooker

Thus these three paintings reflect the society's urge to see that medicine still sticks to its humanism while following the path of development through technology. A physiatrist who realizes that humanism is the lifeline of rehabilitation will go through a process of evolution; one that converts him/her into knowing that caring from the patient's or clients angle is more important than attempting to cure in adverse circumstances. The images of the paintings referred to are attached.

In today's world, rehabilitation trains the physiatrist into acquiring enough wisdom to turn away from corporatizing decision making when the patient and his/ her relatives are power deficient.

2. Ability to cross attitudinal barriers

Since we are at paintings and art, let us also think of how rehabilitation can reward the rehabilitationist (physiatrist) through visual arts. The ability to assist a person with disability in overcoming his permanent adversity does not come naturally to the specialist just because he/she has gone through rigorous academic drills. It comes through, I believe from the ability to see layers of meaning from a common sociobiological input, in the medical context this would be a person who has to live with significant permanent disability. To see a patient as a victim of permanent disease would be to deny rehabilitation totally, to see him/her as disabled and inadequate would be to sentence him/her to a life of welfare and charities but to see him/her as a total person with a problem would be help him/her get along the path of empowerment. Easily said: even people who are well informed have difficulty in internalizing this concept. Two literary works can be cited as examples: Lady Chatterly's Lover (DH Lawrence) and God of Small Things (Arundhati Roy). They were written with a hundred years in between. Yet both reflect their characters with paraplegia as victims of life powerless to negotiate it. While during Lawrence's time our knowledge of spinal cord injury and paralysis was such as to fully justify the creation. But Roy must have created her character possibly because social perceptions of paraplegia have not changed much.

Yet, this is the very conceptual model that the rehabilitation specialist has to come out of. When art and literature is innovatively used the rehabilitationist (physiatrist) can indeed reward himself/herself with more proactive thinking. Already some evidence on this has begun to appear in literature. Tudor Vieru in a recent article quoting a report in the journal NeuroImage on the experiments conducted in Emory University School of Medicine has this to say:

"The test subjects were asked to view (these) paintings, and were then showed images of the actual objects, with no artistic adagio, PsychCentralreports. Using an observations technique called functional Magnetic Resonance Imaging (fMRI), the Emory

team looked at neuron activation patterns in each of the participants' brains, as they were looking at the paintings and images. The research team was able to determine that the ventral striatum, a region of the brain that is involved in the cortical reward system, was a lot more activated when the test subjects looked at the paintings, then when they saw simple photographs of the objects. "We took an independent approach. This paper hasn't solved the problem of what art is. Rather, we can show that art does not activate just one process in the brain," explains Krish Sathian, MD, PhD. "There are a whole host of circuits involved," adds the expert, who was the senior author of the study. Sathian holds an appointment as an Emory professor of neurology, rehabilitation medicine and psychology. In addition to the ventral striatum, the orbitofrontal cortex was also found to be very active when subjects viewed art. This is another area of the brain that is usually involved in the reward circuit."

3. Ability to exercise managerial skills

While most medical specialties train specialists for physician-centred roles, Rehabilitation Medicine has traditionally approached its practice domain upon the principle of 'Teamwork'. True rehabilitation needs medical and nonmedical inputs and nonmedical inputs cannot be considered insignificant. Since WW II, the concept of a team has evolved significantly; a team ought to have a leader but each member of the team has a distinct role to play, should have independence and should be able to complement the knowledge and skills of others while not considering that one type of knowledge or skill is inferior in hierarchy.

This has now become a huge management subject in itself and many turnaround stories of companies have team-building stories to recount. It is said that the most important 21st century skills are critical thinking, communication and collaboration - the vital building blocks of any teambuilding and success. Successful rehabilitation teams help their clients in following their path of self-actualization and secure for them a sense of identity, self worth, and autonomy. Such clients are able to take decisions for themselves, are productive in society and can contribute to their family's and society's welfare. They enable themselves to reject their present problems at appropriately and see future positively.

In order to be successful with teams, the rehabilitationist has to be a team player himself/herself. Rehabilitation revolutionizes the physiatrist's mind. He/she is now able to accept with neutrality many shades of opinions concerning the issues at hand, to consider and prioritize logical options without moral judgments and to weigh outcomes on mutually determined measures. Most rehabilitation efforts are a fight against adversity; and negotiation of society's viewpoints and attitudes. In this context, a good rehabilitationist will be a person who understands society's attitudinal barriers and one who can apply those social norms to help clients get on with life. I recall the story of a truck driver who carried cargo between Calicut and Bangalore. On a night of rains and poor visibility, he fell sidewise into a ravine in the ghat section of the highway. When he was brought out from the site of accident he was still alive but had lost function below waist. Two years of treatment in search of cure cost him all his material possessions. Then he decided enough is enough, put a stop to all treatments and with the help of a few friends bought a lorry and gave it on hire, much to the chagrin of his relatives. Slowly success came to him and in the years that followed he built up a modest business of his own with a small fleet of lorries. In the face of a seemingly devastating medical adversity a man stands his ground and the alchemy of rehabilitation happens around him.

This is the crux of human story; such stories create rehabilitationists. And he/she bears witness to this and similar human miracles, in the minds of rehabilitationists such miracles are a recurring theme and an enduring change.

Dr. U. Nandakumar Nair

Indian Institute of Public Health- Delhi announces training programs as follows:

Operational Issues in Randomized Controlled Trials	February 22-25, 2011
Ethics in Clinical Research	March 8 - 11, 2011
Pharmacovigilance	April 5 – 8, 2011
Conduct and Reporting of Systematic Reviews of RCT's	April 19 - 22, 2011
Medical Writing	May 17 - 20, 2011

Contact <trainings2@iiphd.org>

BBC ,London has made a documentary film on Polio corrective surgery while I was performing surgery in Lifeline train at Mansore (M P)in 2008 .The film has been televised several times by BBC and Discovery channel .Further we are regularly participating in polio corrective surgery camps organized by the Lifeline train in 2009 &2010 at various remote places like Chapra(Bihar),Jhabua (M P),Koraput (Orissa),Udaipur (Rajasthan),Sasaram (Bihar),Umaria (M P) ,Agra (U P) ,Gajipur and Farukhabad (U P).

The purpose of this news is to motivate fellow members to come forward and to do some social service by providing their skill to polio cases .These camps were sponsored by RGF and corporate sectors . We have worked with Rotary International also.

Dr A K Agarwal *Prof & Head (ex) DPMR CSM Medical University ,Lucknow.*

Rehab News... a Compilation

1. In a study published in the AJPMR (Feb 2011 - Volume 90 - Issue 2 - pp 112-118), investigators found that to detect knee effusion by ultrasonography, infusion of 4.26 ml (SD, 1.92 ml) of fluid is needed. They concluded that a depth of 2 mm is more appropriate than 4 mm as the definition of knee effusion using USG.
2. In another study published in the AJPMR (Feb 2011 - Volume 90 - Issue 2 - pp 112-118), investigators found that administration of Metenolone Enanthate , an anabolic steroid, is effective for improving muscle cross-sectional area (CSA) and, thus, muscle strengthening in stroke rehabilitation. The CSA increase in the ME group was most prominent in patients with a low initial FIM-M (Motor Subscore of the Functional Independence Measure Scale) score.
3. Is There Muscular Weakness in Parkinson's Disease?
   Controversy exists as to whether muscle weakness is present in Parkinson's disease (PD). In a meta-analysis published in the American Journal of Physical Medicine & Rehabilitation (Jan 2010 - Volume 89 - Issue 1 - pp 70-76), the authors suggested

that isokinetic muscle strength gets decreased in patients with Parkinson's disease and that muscle weakness was not specifically related to tremor or rigidity. Bilateral asymmetrical muscle weakness was present in Parkinson's disease when presenting with clinical unilateral Hemiparkinsonism. Recent studies using sensitive mechanical devices have provided evidence that muscle strength is reduced in patients with Parkinson's disease compared with age-matched controls. The specific cause of this weakness is not known. Questions under debate were whether this weakness was of central or peripheral origin and whether it was intrinsic to the disease or a secondary phenomenon.

Dr. Koustubh Chakraborty

Dear friends,

I take this opportunity to inform all that one workshop on injection of neurotoxin (Botox) for the management of spasticity in upper limb in adults and children has been organized for the interest of all in interventional physiatry. There are limited seats left in the workshop and those interested must reply and confirm immediately to Dr Sonal Chauhan, (drsonal77@gmail.com). The workshop will be conducted as a preconference workshop on the 3rd of February and the registration fee is Rs. 500/- (Rupees Five Hundred Only) and only confirmed registrants will be allowed to attend the workshop.

For any further details of assistance, do no hesitate to communicate with Dr Sonal Chauhan at drsonal77@gmail.com or 9871162677

Regards,

Dr Ajay Gupta Asst. Prof. & Head, Dept. of PM&R, Dr RML Hospital,

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If undelivered, please return to :

DR. S. SUNDER

Flat No.9, Block D-1, Anand Apartments,
50 LB Road, Thiruvanmiyur, Chennai - 41.
Phone : 43313333

Dear all,

Wishing you a very happy and prosperous new year 2011.

Will take this opportunity to remind you that one senior resident post in Department of Psychiatric & Neurological Rehabilitation, NIMHANS is lying vacant. Interested candidates (who have finished M.D./ DNB- PMR) can contact me/ send CV via mail.

Also one regular post of Asst. Prof. is there to grab. Although reserved for OBC category, other eligible physiatrists can apply for Contractual/ Adhoc basis.

Dr. Anupam Gupta, MD
Assistant Professor of Neurological Rehabilitation, Department of Psychiatric & Neurological Rehabilitation,
National Institute of Mental Health & Neuro-Sciences (NIMHANS),
Bangalore-560029, INDIA Contact No.: +91 80 2699 5282(H)
E-mail ID: drgupta159@gmail.com Website:www.nimhans.kar.nic.in