HEALTH BASICS

Physical medicine and rehabilitation

Physical medicine and rehabilitation is medical care that helps people improve function after injury, illness, surgery, or disability.

WHAT IT IS
Medical care focused on function, recovery, and participation

WHERE IT COMES UP
After injury, illness, surgery, disability, or persistent pain

WHY IT MATTERS
Helps improve daily function and quality of life

WHAT IT IS NOT
Not a disease or a single therapy

WHO TO ASK
A physiatrist or rehabilitation service

HOW IT IS CHECKED
Functional assessment; sometimes imaging, nerve, or muscle tests

Overview

Physical medicine and rehabilitation, often shortened to PM&R, is a medical specialty. It focuses on how your health affects movement, thinking, communication, self-care, work, and other everyday activities.

A doctor who specializes in PM&R is called a physiatrist . This is pronounced "fizz-EYE-uh-trist." Physiatrists are medical doctors. They are different from psychiatrists, who specialize in mental health, and physical therapists, who provide movement-based assessment and treatment.

You might meet a PM&R team while recovering from a stroke, brain or spinal cord injury, surgery, severe illness, or limb loss. PM&R may also help with arthritis, back or neck problems, nerve or muscle conditions, multiple sclerosis, cerebral palsy, cancer-related limitations, or persistent pain.

Rehabilitation does not always mean returning your body to exactly how it was before. It may involve recovery, learning a different way to do something, using equipment, or adapting your surroundings. The aim is to support the activities and roles that matter to you.

PM&R is not a disease, diagnosis, or single treatment. It is an approach to medical care.

How it works

PM&R usually starts with a discussion about what you can do now, what is difficult, and what you want to improve. A goal might be walking safely, returning to school, using your hand, managing personal care, reducing pain during activity, or learning to use a prosthetic limb.

The assessment may include your medical history, medicines, pain, sleep, mood, home environment, work, and support network. A physical examination may look at muscle strength, joint movement, sensation, balance, coordination, walking, and how you complete specific tasks.

There is no single test that confirms a need for PM&R. Testing is chosen for the problem being assessed. It may include imaging, such as an X-ray or MRI, or blood tests when another condition may be involved.

A physiatrist may also arrange nerve conduction studies or electromyography , often called EMG. Nerve conduction studies measure how electrical signals travel through nerves. EMG records electrical activity in muscles. These tests can help assess problems such as nerve compression, nerve injury, or certain muscle disorders.

Rehabilitation is often provided by a team. Depending on your needs, this may include physical therapists, occupational therapists, speech-language therapists, rehabilitation nurses, psychologists, social workers, dietitians, prosthetists, orthotists, or vocational specialists.

Physical therapy commonly focuses on movement, strength, balance, and mobility. Occupational therapy supports daily activities such as dressing, cooking, using your hands, or returning to work. Speech-language therapy can address speech, language, thinking, communication, and swallowing.

Care can take place in a hospital, specialist rehabilitation unit, outpatient clinic, community service, care facility, school, workplace, or your home. The right setting is based on your medical needs, safety, ability to take part, and available support.

Why it matters for your health

An illness or injury can affect more than one body part. For example, difficulty walking may also limit work, exercise, family activities, and access to the community. PM&R looks at these connected effects rather than focusing only on a scan or diagnosis.

A rehabilitation plan can help identify barriers that might otherwise be missed. These can include unsafe stairs, poorly fitting equipment, communication problems, fatigue, memory changes, fear of falling, or difficulty getting transportation.

Progress is usually followed by repeating functional measures. These may record walking distance, transfer ability, joint movement, strength, independence with daily activities, or progress toward a personal goal.

Improvement does not always mean that every limitation disappears. A useful result might be needing less assistance, avoiding falls, completing an activity with less pain, communicating needs more clearly, or using equipment safely.

Your preferences are central to the plan. A technically possible goal may not be useful if it does not fit your life, culture, responsibilities, or priorities. You can ask how each treatment connects to a goal that matters to you.

What can go wrong

PM&R relates to many conditions that can limit function. These include stroke, traumatic brain injury, spinal cord injury, amputation, arthritis, fractures, burns, multiple sclerosis, cerebral palsy, nerve injuries, muscle disorders, and complications of serious illness.

Problems can arise when the underlying condition is unclear or changes over time. New weakness, worsening balance, increasing numbness, or reduced function may need medical assessment rather than simply more exercise.

A plan may also be less helpful if goals are unclear, services are not coordinated, or equipment does not fit. Braces, wheelchairs, prosthetic limbs, and walking aids can cause pressure, skin damage, or falls if they are unsuitable or used incorrectly.

Treatments can have unwanted effects. Exercise may temporarily increase soreness or fatigue. Injections and medicines have their own risks. These should be explained before treatment, including what benefit is expected and what alternatives exist.

Contact your rehabilitation or primary care service promptly for concerns such as steadily worsening weakness, repeated falls, new equipment-related skin damage, a swollen painful calf, fever with a red or swollen joint, or a wound that is becoming red, hot, or draining.

Some symptoms need emergency care rather than a routine rehabilitation appointment. Call emergency services for sudden one-sided weakness, facial drooping, trouble speaking, severe difficulty breathing, chest pain, loss of consciousness, or a serious new injury. New loss of bladder or bowel control with numbness around the groin or rapidly worsening leg weakness also requires emergency assessment.

What you can do

If you are starting rehabilitation, decide which activities matter most to you. Specific goals are easier to discuss than a general wish to "get better."

You can prepare by bringing:

Ask what each team member does and who coordinates the plan. You can also ask how progress will be measured, how often goals will be reviewed, and what you should do between appointments.

Tell the team if a plan is too painful, exhausting, expensive, difficult to reach, or unrealistic at home. This information can help them adjust the timing, setting, equipment, or goal.

PM&R is not a routine screening test for people without a functional concern. If illness, injury, pain, or disability is not limiting your activities, there may be nothing specific you need to do.

- A current medicine and allergy list
- Relevant reports or scan results
- Braces, walking aids, prostheses, or other equipment you use
- A short record of falls, pain, fatigue, or activity limits
- Questions about work, driving, school, caregiving, or home safety

Common questions

Is PM&R the same as physical therapy?

No. Physical therapy is one rehabilitation service. PM&R is a medical specialty that may coordinate physical therapy along with other treatments, tests, medicines, procedures, or equipment.

Does rehabilitation only happen after an accident?

No. It may be used after injury, surgery, stroke, serious illness, or a change in a long-term condition. Some people receive rehabilitation while still in hospital; others attend outpatient or community services.

Does PM&R only treat physical problems?

No. Function can be affected by memory, communication, swallowing, mood, fatigue, pain, and the surrounding environment. A rehabilitation team may address several of these areas.

Will I need an EMG?

Not necessarily. EMG and nerve conduction studies are used when symptoms or examination findings suggest a nerve or muscle problem. They are not routine for everyone receiving rehabilitation.

How long does rehabilitation take?

There is no standard length. Timing is influenced by the condition involved, your goals, medical stability, progress, and the level of support you need. Goals should be reviewed rather than continued automatically.

Can I ask for a second opinion?

Yes. A second opinion may be useful if the diagnosis is uncertain, the plan does not address your priorities, or a major procedure is being considered.

Sources

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- National Institute for Health and Care Excellence. Rehabilitation after traumatic injury , guideline NG211 .
- Medicare. Inpatient rehabilitation care coverage .