

About physical medicine ...

Physical medicine is defined as the management by medical practitioners of acute or chronic musculoskeletal injury, disease or dysfunction. Its' aim is to address somatic dysfunction -- impaired or altered function of related components of the somatic (body framework) system. This involves skeletal, arthrodial and myofascial structures with related vascular, lymphatic and neural elements. (Hospital Adaptation of International Classification of Diseases, 2nd Edition, 1973). Treatment includes the application of physical modalities including manual therapy. Other therapies, such as pharmaceuticals or injection techniques, are also used to restore normal function. The "Blomberg" technique and prolotherapy are examples of the injection techniques utilised.

Physical Medicine relies upon a very detailed physical examination. The object of the physical examination is to localise a complaint to a specific region and, if possible, a specific anatomical structure, and to define its' relationship to movement and function. The physician then makes a logical analysis and application of the information obtained from the patient's history and physical examination. There is a growing evidence base for musculoskeletal medicine and this is an important part of our training.

Fellows apply a biopsychosocial assessment, particularly with an emphasis on avoiding the development of chronic pain syndromes by appropriate early intervention. There is a greater emphasis on the "bio" in biopsychosocial. Highly skilled manual examination and postural examination skills are used as part of an integrated management. Fellows instruct the patient in self management of their condition using very specific exercises to mobilise and release shortened musculature, and to strengthen weakened musculature. The prescription of medication plays a reduced role as gentle manual therapy, injection of normal saline or lignocaine to muscle tender points and specific exercise prescriptions are the mainstay of most treatments. Rarely would they need to refer to a psychiatrist, pain clinic, rheumatologist or other practitioner or therapist. However Physical Medicine Physicians are well qualified to recognise that small minority who require referral. At times advanced imaging is required to exclude serious disease. Accurate diagnosis by clinical examination including palpation (**scientifically supported** eg palpation to find a symptomatic facet joint) does not require diagnosis by exclusion using multiple often expensive investigations (**also scientifically supported**).