

# FAQ

## WHAT IS PHYSICAL MEDICINE AND REHABILITATION (PMR)?

Physical Medicine and Rehabilitation, also Physiatry, (pronounced fizz ee at' tree or fizz eye' uh tree) is the branch of medicine emphasizing the prevention, diagnosis and treatment of disorders, particularly those of the musculoskeletal and neurological systems, that may produce temporary or permanent impairment. Physical Medicine and Rehabilitation is one of the 24 medical specialties certified by the American Board of Medical Specialties. Physiatry provides integrated care for the management of neurological, orthopedic and musculoskeletal impairments from traumatic brain injury to lower back pain. The specialty focuses on the restoration of function to people with disabilities ranging from simple physical mobility issues to those with complex neuromusculoskeletal impairment.

## WHEN AND HOW DID THE SPECIALTY DEVELOP?

The field of Physical Medicine and Rehabilitation began in the 1930s to address musculoskeletal and neurological problems. It broadened its scope considerably after World War II. As thousands of veterans came back to the United States with serious disabilities, the task of helping to restore them to productive lives became a new direction for the field. The Advisory Board of Medical Specialties granted Physical Medicine and Rehabilitation its approval as a specialty of medicine in 1947. The specialty experienced an evolution in the 1990s to provide state of the art sub-specialty training in many fields including musculoskeletal and procedural pain management.

## WHAT DOES A PHYSIATRIST DO?

A Physiatrist is a physician specializing in Physical Medicine and Rehabilitation. They see patients in all age groups and treat problems that affect all of the major systems in the body. These specialists focus on restoring function to people and adding quality to life.

Physiatrists treat acute and chronic syndromes that result in functional limitations. Physiatrists coordinate

the rehabilitation plan for patients. Physiatrists' plans are comprehensive and designed to achieve a maximum functional capacity in a time and cost effective fashion. They help people generate reasonable objectives and execute a goal oriented plan.

## WHAT KIND OF TRAINING DOES A PHYSIATRIST RECEIVE?

To become a Physiatrist, individuals must successfully complete four years of graduate medical education followed by four additional years of post-doctoral residency training. Residency training includes one year in primary clinical skills and three additional years in the full scope of the specialty. Residency training focuses on teaching the fundamentals in the various inpatient and outpatient rehabilitation service lines as well as developing skills in communication/direction of a multi-disciplinary team. Fellowship subspecialty training programs in a number of disciplines are also available.

There are currently 80 accredited residency programs in Physical Medicine and Rehabilitation. Many Physiatrists choose to pursue additional advanced degrees or complete fellowship training in a specific area. To become board certified in Physical Medicine and Rehabilitation, physiatrists are required to take both a written and an oral examination administered by the American Board of Physical Medicine and Rehabilitation (ABPMR).

## WHY A PHYSIATRIST?

Physiatrists are specialists in who are exceptional in diagnosing and treating problems of the neuromusculoskeletal system. They perform thorough histories and physical examinations and find the source of your pain or impairment, even when standard diagnostic tests do not precisely define the impairment. In addition, physiatrists can direct your treatment team. If you require any other services, such as those of a physical therapist or other medical specialist, your physiatrist supervises, coordinates and collaborates with your other health care professionals. The result is a custom designed treatment program tailored to meet your goals.

Most importantly, physiatrists treat the whole patient, not just symptoms. They share medical knowledge and help patients understand their condition. They provide the tools and resources to achieve independence. A variety of treatment methods may be utilized to reduce or eliminate your symptoms. A comprehensive approach decreases down time and cost as well as the opportunity for recurrence. Physiatrists add quality to the lives of millions of patients each year. The result is staying in the game, not on the sidelines.

A physiatrist may treat patients directly, lead a multi-disciplinary team or act as a consultant. Because physiatrists offer an aggressive, non-surgical approach to injury, these specialists are an excellent choice for time effective treatment and triage. Physiatrists treat all disorders of the neuromusculoskeletal system and coordinate the multi-disciplinary team for the rehabilitation process.

## WHAT TYPES OF CONDITIONS DOES A PHYSIATRIST TREAT?

Physiatrists treat a wide range of problems from sore joints to spinal cord injuries. The focus of the specialty is on restoring function. Physiatrists treat acute and chronic neuromusculoskeletal disorders. They may see a person who lifts a heavy object at work and experiences back pain, a basketball player who sprains an ankle and needs rehabilitation to play again or a knitter who has carpal tunnel syndrome. Physiatrists treat people with “nerve problems”, spine disorders, as well as work and sports-related injuries.

## HOW DO PHYSIATRISTS DIAGNOSE?

A physiatric diagnostic evaluation starts with a detailed patient history, review of records and determination of a patient’s goals. A comprehensive evaluation then occurs through functional and physical exam. A physiatrist’s most valuable diagnostic tools are his or her head and hands. They do utilize imaging, modalities and laboratory studies as well. In addition, physiatrists may use special techniques such as electrodiagnostic studies or diagnostic blockades. Electromyography (EMG), nerve conduction velocities (NCV), and other types of electrodiagnostic evaluations can be performed to determine how and where a nerve is damaged as well as severity. These techniques, along with an exceptionally detailed musculoskeletal and neurological examination, help physiatrists to diagnose and quantitate conditions that cause pain, weakness and numbness like carpal tunnel syndrome, peripheral neuropathy and radiculopathy (“pinched nerves”). This in turn helps to best advise a patient as to the optimal medications, procedures or even surgeries that can help to achieve an optimal outcome. Sometimes an understanding of how much pain is being generated from a nerve structure is needed and can be obtained through a through a diagnostic blockade. Some blockades are for both diagnostic and therapeutic purposes.

## WHAT KINDS OF TREATMENTS DO PHYSIATRISTS OFFER?

Physiatrists offer a broad spectrum of medical services. They do not perform surgery. Some perform procedural pain techniques such as joint/tendon injections and acupuncture and all get training in electrodiagnostic studies (studies of nerves). Some physiatrists have sub-specialty training in other advanced procedural techniques like trigger point injection (TPI), epidural steroid injection (ESI), facet injection, intradiscal electrothermal techniques (IDET), spinoscopy and other diagnostic and therapeutic blockades. A physiatrist may prescribe drugs or assistive devices such as bracing or artificial limbs. They may utilize therapies such as thermal, electrotherapies, massage, acupuncture, biofeedback, manual medicine and often therapeutic exercise.

## WHAT KINDS OF DIFFERENCES DO PHYSIATRISTS MAKE?

Since physiatrists focus on restoring patients to maximum function, the impact made can be very impressive. Because physiatrists are concerned with all areas of rehabilitation (medical, vocational, and socioeconomic), a patient’s quality of life and function is often improved. The nature of physiatric training increases the opportunity for physiatrists to become excellent communicators and team leaders and certainly affords them direct experience with all ancillary medical professionals like prosthetics/orthotics fabricators, physical therapists, occupational therapists, speech and language pathologists, athletic trainers and other physicians/professionals. Multiple insurance studies have demonstrated that physiatrists are leaders in time and cost-effective patient care. They diagnose, educate and treat patients so that they can

achieve optimal functional capacity and regain independence. They involve patients in an educational process that not only teaches the patient how to effectively heal, but also how to prevent injury or exacerbation.

## WHAT IS A DOCTOR OF OSTEOPATHY (D.O.)?

Osteopathic medicine is a unique form of American medical care that was developed in 1874 by Dr. Andrew Taylor Still, M.D. Dr. Still was dissatisfied with the effectiveness of 19th Century medicine. He believed that many of the medications and surgeries of his day were more harmful than therapeutic. Dr. Still was one of the few, medically trained in his time, to study the attributes of good health. He felt that with this different approach, one could adhere to a more effective and less invasive treatment of disease.

In response, Dr. Still founded a philosophy of medicine based on ideas that date back to Hippocrates. The philosophy focuses on the balanced unity of the body. He identified the musculoskeletal system as a key element of health. He recognized the body's ability to heal itself. He stressed preventive medicine, eating properly and keeping fit.

Arguably, Dr. Still pioneered medical "wellness" in America more than 125 years ago. In coordination with appropriate medical treatment, the osteopathic physician acts as an advocate for patients to take more responsibility for their own well-being and promote their patients to modify unhealthy aspects of lifestyle. Dr. Still is the pioneer in establishing manual techniques to promote healing in America. Mr. Palmer, the founder of chiropractics, owes its creation to Osteopathy. Dr. Still wanted his newly trained practitioners to be distinguished from their M.D. brethren by different initials, hence D.O., Doctor of Osteopathy.

## WHAT IS THE DIFFERENCE BETWEEN OSTEOPATHIC (D.O.) AND ALLOPATHIC (M.D.) TRAINING?

Both D.O.'s and M.D.'s complete four years of medical education. After medical school, both D.O.'s and M.D.'s can choose to do a residency in any specialty area. After completing a residency program, both D.O.'s and M.D.'s must pass state licensing examinations. Both can further certify through board certification in their area of specialty and fellowship training. They both practice together in fully accredited and licensed health care facilities. Osteopathic training differs primarily during medical school where functional anatomy as well as therapeutic touch and manipulation is incorporated into understanding disease, diagnosis and treatment. Although relatively few Osteopaths maintain manual treatment as a part of their treatment mode, we still do.

## WHAT IS EXPECTED OF OUR PATIENTS?

Prior to the initial evaluation, we expect that our patients will provide all requested information including authorizations, previous medical records and/or imaging studies in a forthright and timely fashion. (More information is always better than less). This information is important in making an accurate diagnosis and designing an effective treatment plan. We expect that our patients will be honorable and committed to the mutually established goals and treatment plan. If questions arise regarding any aspect of care (medications,

procedures, therapeutic program), we expect that our patients will seek answers to these questions from the appropriate resources provided (handouts, physical therapist, nurse case manager, physician). Diligent and forthright communication is paramount to successful outcomes.

## WHAT IS DR. YADAVA'S TRAINING?

Dr. Yadava is a native St. Louisan who earned his Bachelor's degree from Washington University in St. Louis, Missouri. He attended medical school at Kirksville College of Osteopathic Medicine and then completed his internship and residency in Physical Medicine and Rehabilitation at Washington University Medical Center in St. Louis, Missouri. He is a board certified physiatrist. He has training in sports medicine, electrodiagnostic medicine, complimentary medicine and procedural oriented pain management. He has a comprehensively integrated physiatric/osteopathic practice with a focus on spine, sports and occupational injuries.

Dr. Yadava's practice represents his broad medical training and personal experiences in traditional and non-traditional healing. He and his staff respectfully treat your body, mind and spirit in an elegant environment with an exceptional level of detail, compassion and efficiency.

## DR. YADAVA IS BOARD CERTIFIED. WHAT DOES THIS MEAN?

Dr. Yadava is a Board Certified Physiatrist and a Fellow member of the American Academy of Physical Medicine and Rehabilitation, American Medical Association, American Osteopathic Association, North American Spine Society, Physiatric Association of Spine, Sports and Occupational Rehabilitation, Missouri Association of Osteopathic Physicians and Surgeons and other specialty and sub-specialty organizations. This means that Dr. Yadava has passed board examinations that have assessed his medical knowledge and judgement.

## WHY PERFORMANCE REHABILITATION?

Our mission at Performance Rehabilitation is to achieve excellence in serving all. We promote the Golden Rule ~ treat people the way you would want to be treated. Our goal is to provide individually tailored treatment plans that comprehensively address the needs of our patients (mind, body and spirit). We strive to empower our patients through education. Knowledge and understanding of your problem and treatment approach often eliminates apprehension and increases confidence. We believe this also promotes compliance and ultimately successful outcomes. Each patient has unique needs, goals and resources. Our treatment plans are individually designed to meet your needs. We emphasize a balanced lifestyle for our patients and encourage them to incorporate the techniques that we provide into their daily routine. We not only want to serve your acute needs, but also promote a more balanced, healthful, independent and successful future.

## WILL MY PRIMARY CARE PHYSICIAN BE INVOLVED?

Dr. Yadava believes in keeping patients' primary care physicians informed as he or she knows you best and should be aware of every aspect of your medical care. Fragmented care does not serve anyone and we all must be synergistic. Because Dr. Yadava's style is more focused and aggressive, his practice is best suited to

the management of acute pain as opposed to chronic pain. He is however astute in evaluating and placing recommendations for service of any type of patient.

## WHAT IS AN EMG/NCV AND WHAT SHOULD I DO TO PREPARE?

Electrodiagnostic studies involve the recording of electrical signals generated by nerves and muscles. The analysis of these signals allows the physician to detect abnormal function in these tissues. These studies are, therefore, useful in evaluating disorders of nerve and muscle, which are often associated with complaints of numbness, pain, abnormal sensations, weakness, fatigue or cramps. They help the physician to arrive at the diagnosis and to determine the severity of the disorder. A variety of different procedures make up these electrodiagnostic studies. The two main procedures are Nerve Conduction Studies (NCV) and Electromyography (EMG). The type and number of procedures to be performed will be decided by the physician who performs the studies based on the suspected diagnoses.

### **Nerve Conduction Studies (NCV)**

In these studies, nerves are stimulated by brief electrical stimuli and the responses generated are recorded using small electrodes applied to the skin. These stimuli will cause a momentary tingling sensation and may cause a muscle supplied by the nerve to twitch. The strength of the stimuli applied will be varied but they generally cause only a mild momentary discomfort. The responses recorded provide information about how well nerve impulses are conducted along the nerve.

### **Electromyography (EMG)**

Electrical signals generated by muscles are recorded during an EMG study using fine needle electrodes inserted into selected muscles. These signals, displayed on a screen and audible through a loudspeaker, are recorded with the muscle at rest and upon contraction. They help identify abnormal muscle function, particularly in diseases affecting the muscle primarily or in muscle weakness secondary to nerve injury. No electrical stimulation is applied in the study. EMG is well tolerated by most patients. The fine Teflon-coated needle causes only momentary discomfort. Occasionally, a sharp sting may occur which is stopped immediately by slight adjustment of the needle position.

### **Precautions**

Avoid applying lotions or ointments to the skin the day of your study. There is no need to restrict your activities before or after the test. Note the following precautions if they apply to you; otherwise, no special precautions are required.

### **Before Arriving for the Test**

If you are taking blood thinning medications, such as Coumadin, or have a bleeding disorder, it may not be advisable to have an EMG, although nerve conduction studies are permissible. You should check with the prescribing physician to determine whether the blood thinner may be temporarily stopped to allow an EMG study. If you are referred for a diagnosis of myasthenia gravis, your physician may have to temporarily stop a drug called Mestinon to avoid it interfering with the studies. If you have a cardiac pacemaker or defibrillator,

please make the office aware prior to your appointment so that the manufacturer of your device can be contacted to ensure that it is acceptable to perform the study and to determine whether any special precautions are necessary.

## WHAT PROCEDURES DOES DR. YADAVA PERFORM?

Fluoroscopically guided spinal procedures including epidural steroid injections, facet blockades and others. Joint injections including hip, knee, shoulder, elbow and others. Nerve blockades including carpal tunnel, tarsal tunnel, cubital tunnel, radial tunnel, etc.

## DOES DR. YADAVA EVALUATE WORKMEN'S COMPENSATION PATIENTS AND PROVIDE SECOND OPINIONS?

Absolutely. Dr. Yadava has advanced training in occupational medicine and enjoys an excellent reputation in personal injury and workmen's compensation medicine. In an effort to maintain objectivity and provide unbiased and objective opinions, Dr. Yadava has elected not to contract with any workmen's compensation networks. He is willing to see workmen's compensation patients provided that there is authorization from the patient's workmen's compensation provider or a letter of denial from the patient's workmen's compensation provider.