特別講演

Prospects in Education of Rehabilitation Medicine in the U. S. A.*

Joel A. DeLisa**

The American Board of Physical Medicine and Rehabilitation (PM & R) was established in 1947 with 91 certificants. By 1990, 3454 candidates had been certified at a rate of approximately 200 per year. PM&R currently has approximately 1100 residents in 71 accredited residency training programs, with the largest having 30-39 residents.

PM&R has defined its base curriculum material to include the following basic sciences :

1. Anatomy : Kinesiology and functional anatomy, biomechanics, neuroanatomy, musculoskeletal anatomy.

2. Physics : Electricity, mechanics, biophysics of physical agents.

3. Physiology : Physiology of nerve, muscle, and bone ; physiologic effects of various physical agents ; cardiopulmonary physiology, physiology of exercise and inactivity.

4. Pathology : Histopathology : muscles, nerves, bones, joints, soft tissues and central nervous system.

Clinical aspects of training include :

1. Diseases and conditions within the field, affecting both children and adults, including various rheumatic diseases ; neuromuscular diseases ; cerebral and spinal cord injuries and diseases (cerebrovascular accidents, postoper-

ative sequelae of surgery of the brain and spinal cord, cerebral palsy, multiple sclerosis, paraplegia, etc.) ; and musculoskeletal diseases, including a large group of traumatic and orthopedic conditions.

2. The clinical use of physical agents or methods including heat, water, electricity, ultraviolet radiation, massage, exercise, and rehabilitation techniques.

3. Diagnostic procedures, including electromyography and electrodiagnosis.

4. The roles of allied personnel within or associated with the field, such as the physical therapist, occupational therapist, clinical psychologist, speech pathologist and therapist, medical social worker, and vocational counselors ; and the ability to coordinate the services of such personnel.

5. An understanding of the basic principles of PM&R, and the ability to prescribe and supervise specific treatment by allied health personnel.

The textbooks, journals, audiovisual aids and computerized learning modules available to residents, and dissemination of rehabilitation research, are expanding. The American Academy of Physical Medicine and Rehabilitation (AAPM&R) has developed a Syllabus that is updated annually, in 2-section increments, over a five year cycle. A written self assessment

*1991年6月1日, 教育会館大ホールにて講演

**New Jersey Medical School

examination (SAE) for both trainees and practitioners is offered annually. At the annual meeting continuing medical education (CME) courses are presented which cover updated core areas.

Physiatry currently offers a basic board certificate, but is analyzing whether added or special qualifications for extra specialty training should be offered. This would necessitate the establishment of fellowships and educational standards in the various areas.

Double boarding with pediatrics and internal medicine, which allows training in both specialties to be completed in five years instead of six, is currently available. This requires prospective planning approval of the program by both boards, individualized curricula and PM&R training administered by a PM&R training director. Double boarding with neurology is also being considered.

In the future (1993) PM&R Board certificates will be time limited, probably 7 to 10 years. Many specialty boards in the U.S. use various recertification examinations including :

1. Proctored examination
2. Self-administered examination
3. Oral examination
4. Continuing medical education credits

5. Chart audits
 6. List of surgical procedures performed over a six-month or one-year period
 7. Self-assessment exam with answers supplied
 8. Chart audits with oral exam on cases
- PM&R is considering the following :
1. Written examination—general and modular specific
 2. Educational component
 3. Practice component
 4. Percentage of time practicing physiatry

The specialty has been well accepted in private practice but needs to improve its research base. Funding for medical rehabilitation research has also been a problem. However, the National Institutes of Health (NIH), within the National Institute of Child Health and Human Development, has recently established a Center for Medical Rehabilitation Research with the goal of establishing Research Training Centers with two year fellowship stipends to prepare rehabilitation specialists to become independent investigators. This center will foster basic, clinical and applied rehabilitation research and is expected to have a significant impact on the development of medical rehabilitation therapies and services.