



AMERICAN OSTEOPATHIC ASSOCIATION

**BASIC STANDARDS
FOR
RESIDENCY TRAINING IN
PHYSICAL MEDICINE AND REHABILITATION**

**American Osteopathic Association
and the
American Osteopathic College of
Physical Medicine & Rehabilitation**

COPT/R-88
Rev. BOT, 07/1996
Rev. BOT 3/2002
Adopted, BOT 7/2004
Rev. BOT 03/2009, Effective 07/2009

**Basic Standards for Residency Training In
In Physical Medicine and Rehabilitation**

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ARTICLE I - INTRODUCTION

- A. Physical Medicine and Rehabilitation (PMR), also known as Rehabilitation Medicine (RM) or Physiatry, is the medical specialty concerned with the evaluation and treatment of individuals with functional impairments and/or disabilities. The primary focus is on restoration of physical, psychological, social, and vocational function and the alleviation of pain. A Physiatrist employs the standard history, physical and diagnostic imaging and laboratory tests in addition to the performance of electrodiagnosis. A physiatrist may also perform injections and other diagnostic and therapeutic interventions. The rehabilitation specialist: can prescribe therapeutic exercise and appropriate prosthetic, orthotic, and mechanical or electrical devices; coordinates and evaluates Rehabilitation Therapists (e.g. Physical Therapists, Occupational Therapists, Speech, Rehab Psychologists etc.) necessary to remove impairments and/or disability; acts as the team leader to provide total patient care in an expedient, efficient manner of the highest quality.
- B. Contained here in are the basic standards for residency training in Physical Medicine and Rehabilitation as approved by the American Osteopathic Association (AOA) and the American Osteopathic College of Physical Medicine & Rehabilitation (AOCPMR). These standards are in addition to the general residency requirements of the AOA and are designed to provide the osteopathic resident with training in the fundamental skills of Physical Medicine and Rehabilitation to allow successful practice of the specialty and preparation for certification by the American Osteopathic Board of Physical Medicine & Rehabilitation.

ARTICLE II - EDUCATIONAL OBJECTIVES

- A. An approved osteopathic residency in Physical Medicine and Rehabilitation must provide an educational program that will ensure its graduates, those competencies necessary for entry-level independent practice of the specialty. This educational program must provide:
1. Knowledge about the diagnosis, etiology, treatment, prevention and rehabilitation of those neuromusculoskeletal, cardiovascular, pulmonary and other system disorders common to this specialty in patients of both sexes and all ages.
 2. The trainee with the opportunity to develop the attitudes and psychomotor skills required to:
 - a. Perform the general and specific Physiatric examination including electromyography, nerve conduction studies, and other procedures common to the practice of Physiatry.
 - b. Modify history taking to include data critical to the recognition of physical and psychosocial impairment that may create functional disability.
 - c. Design rehabilitation programs to minimize and prevent impairment and maximize functional skills.
 - d. Make sound clinical judgments.

- e. Perform an appropriate palpatory examination and identify somatic dysfunction and be able to apply appropriate osteopathic manipulative techniques.
3. The opportunity for residents to learn the management and leadership skills necessary to effectively and efficiently coordinate an interdisciplinary team of rehabilitation professionals for the maximum benefit of the patient.
 4. The opportunity for residents to understand the role of each allied health professional in the treatment of the patient.
 5. Education in the writing of detailed prescriptions and programs based on functional goals as part of Physiatric management.
 6. Opportunity for research.
- B. Additionally, the program must highlight for the trainee the importance of self-evaluation, continuing medical education and ongoing professional development.
- C. The resident should be provided with the opportunity to develop the written and verbal communication skills necessary for the effective practice of Physiatry.
- D. The organization of the program should stimulate the initiative and originality of the resident, in order to promote independence of mind as well as their critical appraisal of the literature.
- E. The training program should be organized to allow progressive responsibility in patient care and ensure knowledge and skills common to all branches of medicine.
- F. Instruction in osteopathic principles and osteopathic manipulative techniques as they relate to the practice of Physiatry must be an integral part of the program.
- G. An opportunity to demonstrate basic, entry-level competency in each of the following fundamental areas:
1. Patient Care: clinical judgment; application of general and Physiatry specific skills.
 2. Medical Knowledge: maintaining broad general and Physiatry specific information base.
 3. Practice-Based Learning for Self-Improvement: self-analysis; application of business principles as well as research and statistical methods to medicine; use of information technology and evidence-based medicine; participation in the education of students and other professionals.
 4. Interpersonal Communication Skills: ability to work with others; listening skills; clear and effective communications with patients, families, and other health professionals; preparation of timely, complete, and legible medical records.
 5. Professionalism: including attitudes and humanistic qualities.
 6. Systems-Based Practice: knowledge of practice and delivery systems; evaluation of risks, benefits, limitations, and costs of available resources.
 7. Osteopathic Principles and Practice: understanding the broad context of holistic patient evaluation; use of appropriate manipulative treatment and other manual skills.

ARTICLE III - INSTITUTIONAL REQUIREMENTS AND RESOURCES

- A. To be approved by the AOA for residency training in Physical Medicine and Rehabilitation an institution must meet all the requirements as formulated by the AOA.
- B. Physical Medicine and Rehabilitation should function as a major specialty and provide service to other departments in medicine and surgery. It is necessary to have beds assigned in one geographic area to facilitate patient care and teaching. The institution should provide sufficient patient load to properly train a minimum of two residents per year in physical medicine and rehabilitation. All programs should have residents in each year of training with an equal distribution of residents. Educational experiences should bring all residents together at frequent and regular intervals. A minimum of eight inpatients must be available for each resident while assigned to a full time inpatient service.
- C. The sponsoring institution should provide an adequate professional library containing appropriate basic textbooks and journals in general medicine and surgery pertinent to the practice of Physical Medicine and Rehabilitation as well as journals within the specialty.
- D. Basic teaching aids and multi-media are essential, including audiovisual projection units and a broad selection of videotapes and computer digital storage disks. Reasonable access to these facilities must be available for residents and staff, specifically including nights and weekends.
- E. The institution shall provide adequate equipment, instruments and space for a comprehensive program in Physical Medicine and Rehabilitation. Specific equipment for physical medicine interventions must be available. Residents must have actual experience with this equipment. Equipment must be suitable for all age groups. Adequate office space must be available for faculty and residents to participate in the clinical examination of patients and in self-study. All facilities must be accessible to the disabled.
- F. The institution must provide a written policy and procedure for the selection of residents with final approval and review of the resident candidate resting with the program director.
- G. Faculty and Staff:
 - 1. There must be a sufficient number of medical staff who are highly competent clinicians and motivated towards teaching residents. There should be one (1) full time equivalent Physiatric faculty member for every two (2) residents.
 - 2. Faculty must be board eligible or certified by the American Osteopathic Board of Physical Medicine & Rehabilitation or possess suitable equivalent qualifications. Non-Physiatric medical faculty must be appropriately certified or possess suitable equivalent qualifications.
 - 3. Teachers must participate regularly and systematically in the training program, both clinical and didactic, and must be available for consultations to the resident and immediately available during crisis in clinical care. Part time faculty should have specific regular teaching responsibilities.

4. Faculty will set examples for residents and must make reasonable scholarly contributions, provide quality clinical care, participate in research and contribute to the professional literature. Teachers should be afforded the opportunity to advance educational methodology skills.
 5. Professional staff in nursing, occupational therapy, physical therapy, psychology, rehabilitation nursing, orthotics and prosthetics, social services, speech-language pathology, recreational services and vocational counseling, who are appropriately credentialed should be integrated into the educational experience, didactic and clinical, of the resident.
- H. The institution should have adequate relationships with community rehabilitation services allowing exposure of residents to Subacute Rehabilitation, nursing homes, sheltered workshops, schools for the disabled, and independent living facilities.
- I. Upon satisfactory completion of the training program the institution shall award the resident an appropriate certificate confirming the training institution, dates of participation and fulfillment of program requirements.
- J. Institutions sponsoring or participating in residency training in Physical Medicine and Rehabilitation should be accredited by the AOA.
- K. Program Director
1. The program director must have the professional ability, enthusiasm and sense of responsibility to achieve and maintain a high quality educational program.
 2. The program director must be qualified as a teacher, clinician, and administrator. He/she shall possess broad experience in teaching residents, a sufficient level of clinical experience and competence of management skill.
 3. To maintain program continuity, he/she should be assigned over a period of years to the program directorship. Changes of the program director must be reported immediately to the OPTI, specialty college and American Osteopathic Association (AOA) for review of approval status.
 4. The director shall have the time and the authority needed to fulfill administrative and teaching responsibilities in order to achieve the educational goals of the program and to participate with other institution program directors in maintaining quality of all programs. He must devote sufficient time to the leadership of the program and supervision of residents.
 5. The program director must be certified in Physical Medicine and Rehabilitation by the AOA, through the American Osteopathic Board of Physical Medicine & Rehabilitation.
 6. The program director must meet the standards of the position as formulated in the residency training requirements of the AOA and is encouraged to be an active member of the AOCPMR.
 7. The program director shall provide the resident with all the documents pertaining to the training program, including a copy of these standards, as well as the requirements for the satisfactory completion of the program.

8. The program director shall, in cooperation with the AOA Department of Education, prepare required materials for inspections.
9. The program director shall be required to submit quarterly program reports to the director of medical education and administrator of the institution. Annual reports shall be submitted to the AOCPMR.

ARTICLE IV - EDUCATIONAL PROGRAM

- A. The residency training program shall commence only after it has received an approval from the AOA Program and Trainee Review Council.
- B. A minimum of three (3) years of residency training is necessary to train a physician specializing in Physical Medicine and Rehabilitation. During the three (3) years of training in Physical Medicine and Rehabilitation, no more than six (6) months can be elective.
- C. General Requirements
 1. Integration of osteopathic philosophy and principles of practice in patient care should be an ongoing feature with continuing training in osteopathic palpation, diagnosis and manipulation treatment.
 2. Clinical training provided should include supervised management of inpatients and outpatients.
 3. A structured and organized didactic series should be provided.
 4. Residents should be provided with the opportunity to participate in structured, supervised research training.
- D. Clinical Components of the Educational Program
 1. The clinical curriculum must include a sufficient variety, depth and number of clinical experiences. The volume of clinical responsibilities should not, however, compromise the educational atmosphere of the program.
 2. The training program must include a significant amount of time spent in providing primary care of patients hospitalized on the Physical Medicine and Rehabilitation service. Residents must devote at least one third of their residency experience to the primary care of inpatients hospitalized on the Physical Medicine and Rehabilitation service.
 3. A minimum of one-third of training should be devoted to the care of outpatients.
 4. Clinical experiences should allow for progressive responsibilities with lesser degrees of supervision as the resident demonstrates additional competencies. Written guidelines for the appropriate supervision of junior residents by more senior residents and of all residents by attending staff should be provided by the program director. Supervision must include faculty review of clearly written history and physical examination, a meaningful continuous record of the patients' illness, background and management strategies as well as lucid presentations of case summaries.

5. Residents should be provided with the opportunity to review pertinent laboratory, biopsy and imaging studies of their patients. Residents must have a regular opportunity to observe and directly participate in therapies that occurs in various treatment areas throughout their training. This would include proper use and function of equipment.
 6. Residents must have the opportunity to observe and gain fundamental understanding of orthotics and prosthetics including fitting and manufacturing through exposure to appropriately certified orthotists and prosthetists.
 7. Residents should observe and gain a basic understanding of the types of patients served, referral patients and services available in the continuum of rehabilitation care. This includes subacute and skilled facilities, sheltered workshops, vocational facilities, school for the multiple handicapped, deaf and blind, independent living facilities for the physically impaired, day hospitals, nursing homes, home health care services and community re-entry services. This can be accomplished through didactic lectures and on site visits to facilities. Residents should be encouraged to interact with health care consumer groups.
- E. Clinical curriculum must follow specific learning objectives and allow for the comprehension development of measurable competencies for each resident in the following areas.
1. History and physical examination pertinent to Physical Medicine and Rehabilitation.
 2. Assessment of neurologic, musculoskeletal and cardiovascular system.
 3. Determining impairment and disability.
 4. Data gathering and interpreting of psychosocial and vocational factors.
 5. Performance of electromyography, nerve conduction and somatosensory evoked potential studies. Each resident should perform 200 electrodiagnostic consultations under appropriate supervision.
 6. Psychiatric injection techniques.
 7. Prescriptions for orthotics, prosthetics, wheelchairs and ambulatory devices, special beds and other assistive devices.
 8. Written prescriptions for and appropriate supervision of therapeutic modalities.
 9. Testing and treatment provided by physical therapists, occupational therapists, speech-language pathologists, and the understanding and coordination of psychologic and vocational interventions and tests.
 10. The use, safety, calibration and maintenance of medical equipment common to various therapies.
 11. A formal experience in the evaluation and rehabilitation of cardiovascular and pulmonary systems as related to Psychiatric practice.
 12. Analysis of growth and development, relating to the rehabilitation of children.
 13. Collaboration with other medical professionals and members of the allied health team including management techniques consistent with resident's leadership role.
- F. Clinical curriculum should provide the resident with opportunities for progressive responsibility in diagnosing, assessing and managing the conditions commonly encountered by the Psychiatrist including:
1. Acute musculoskeletal pain syndrome, including sports and occupational injuries.
 2. Chronic pain management.

3. Congenital or acquired myopathies, peripheral neuropathies, and motor system diseases.
4. Brain injury and other trauma.
5. Hereditary, developmental and acquired central nervous systems disorders including cerebral palsy, stroke, myelomeningocele and multiple sclerosis.
6. Spinal cord trauma and diseases including management of bowel and bladder dysfunction and pressure ulcer prevention and treatment.
7. Amputations of both congenital and acquired conditions in patients of all ages.
8. Sexual dysfunction common to the physically impaired.
9. Post fracture and joint arthroplasty care.
10. Pulmonary, cardiac, oncologic and other common medical conditions seen in patients with physical disabilities.
11. Diseases, impairments with functional limitations seen in the geriatric population, especially the frail elderly.
12. Rheumatologic disorders treated by Physiatrists.
13. Medical conditioning, reconditioning, and fitness.
14. Palpatory diagnosis of somatic dysfunction and appropriate use of OMT.
15. Daily rounds on inpatients must be made by residents, with faculty, at least five times per week.

G. Didactic Curriculum must provide instruction that is well organized, thoughtfully integrated, based on sound educational principles and carried out on a regularly scheduled basis. In a progressive fashion, it should expose residents to topics appropriate to their level of training. Systematically organized formal instruction (prepared lectures, seminars, assigned reading, etc.) must be an essential part of the residency. Staff meetings, clinical case conferences, journal clubs and lectures by visitors are desirable adjuncts but must not be used as a substitute for an organized didactic curriculum. Active participation in the didactic curriculum is required of all faculty. The curriculum must include adequate and systematic training in basic sciences relevant to rehabilitation such as:

1. Anatomy
2. Physiology
3. Pathology and pathophysiology of the neuromuscular, cardiovascular and pulmonary systems
4. Kinesiology
5. Functional Anatomy
6. Physics
7. Electronics
8. Statistics
9. Computer literacy and instrumentation related to the field
10. Physiologic responses to the various physical modalities
11. Therapeutic exercise
12. Procedures commonly employed by Physiatrists should be correlated with clinical training but should include basic science faculty when appropriate. An accessible anatomy laboratory for dissection is highly desirable.
13. Residents should also receive training in administration, unit management, cost containment, quality improvement, ethics, and teaching.

H. Educational Policies

1. Residents should have the opportunity to participate in structured supervised research training. The production of a peer-reviewed publication during the training program is highly desirable.
2. There must be a documented organized formal system for resident evaluation by faculty members at least every six months, and annual in-service examinations, post-rotation evaluations, or external examinations. The resident must meet with the program director at least twice annually for counseling and have access to their evaluation folder. Residents' rights must be protected by due process and they must be aware of the individuals and the institutions obligations and rights.
3. Residents must have an effective formal written mechanism for faculty evaluation. Such evaluations must be reviewed annually by the program director.
4. A formal system must exist to identify strengths and weaknesses of the program. Residents must have a formal mechanism for program evaluation.

ARTICLE V - RESIDENTS REQUIREMENTS

A. Applicants for residency training in Physical Medicine and Rehabilitation must:

1. Have graduated from a Commission on Osteopathic College Accreditation (COCA) accredited college of Osteopathic Medicine and have successfully completed an AOA-approved Physical Medicine and Rehabilitation preliminary year (OGME-1P) as follows:
 - a. Emergency Medicine – one (1) month
 - b. Family Medicine or Internal Medicine – one (1) month
(may be met with ½ day per week in FM or IM continuity clinic for no less than 46 weeks.)
 - c. General Surgery – one (1) month
 - d. General Internal Medicine – two (2) months
 - e. Pediatrics – one (1) month
 - f. OB/GYN or Ambulatory Gynecology – one (1) month
 - g. Electives – three (3) months (one (1) month strongly recommended in PMR)
 - h. Discretion of Program – two (2) months
2. Be and remain a member of the AOA during residency training
3. Be appropriately licensed in the state in which training is conducted, if necessary.

B. During the training program it is recommended that the resident should:

1. Submit an annual report to the AOCPMR.
2. Produce one (1) scientific paper suitable for publication and approved by the program director, with recommendation to submit copy to the AOCPMR.
3. Attend the educational portion of all regular staff and departmental meetings and conferences of the institution and other organized meetings and conferences as assigned by the program director.

4. Maintain a record of training activities. Patients under the resident's care shall not be identified other than by diagnosis and associated disability or functional impairment. Educational experience relative to consultations, basic science studies, research, teaching experience and advanced educational courses taken shall also be noted.
5. Receive encouragement to maintain membership in the AOCPMR, and that the training program budget to cover the nominal cost of any required Dues.
6. Receive encouragement to attend the annual and mid-year meetings of the AOCPMR, and that the training program budget to cover the nominal cost of any required registration fees.