

Editorial on rehabilitation and medicine

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Editorial

I have the privilege of introducing the primary volume of the International Physical Medicine & Rehabilitation Journal with associate degree editorial. Physical Medicine and Rehabilitation (PM&R) is an especially distinctive medical specialty: we tend to have physiatrists apply across wide numerous areas of the specialty like general medical rehabilitation, system, medicine, pediatrics, pain, unfortunate person care, medicine and medicine to call a couple of. PM&R is termed a high quality of life specialty; the specialty is well recognized for its specialize in 'function' and emphasizes on quality of life. The practitioners of this specialty are not any less numerous returning from varied components of the globe and with many alternative cultural, racial, and spiritual beliefs; but, the common thread is that we tend to treat folks with disabilities. In my home establishment, our guiding principles of patient care square measure supported the "ICARE" Values: I for Integrity, C for Compassion, A for responsibility, R for Respect and E for Excellence These square measure the principles for our coaching, practice, and teaching of our future medical students, residents, and Fellows. As physiatrists, the "ICARE" Values exemplify the approach we tend to take with our patients World Health Organization expect to be treated with dignity; and that we owe it to them, and to every alternative.

Having trained in PM&R as a resident when medical specialty, I found it fascinating that we tend to focus on treating a population that's clearly older with typically difficult medical, psychological, social, and economic issues. This facet sparked my interest to try and do a Fellowship in Geriatric rehabilitation, and that I was lucky to figure with a world laurels medical specialist Dr. Franklin Williams World Health Organization instilled the importance of rehabilitation to medicine. I'd prefer to specialize in this subject because the aging of the North American nation and world populations called the 'silver tsunami' needs a world attention to the exponential want for rehabilitation services within the returning years. By the year 2050, folks over the age of sixty five years can double to quite eighty million within the North American nation. Similarly, per the global organization, from 2006 to 2030 the speed of growth of the aging population is predicted to grow by five hundredth within the developed countries and one hundred and fortieth in developing countries.

The aging population is living longer and because the lifespan is reaching new heights, thus square measure the challenges of sickness and incapacity during this people. Chronic health issues with many co-morbidities square measure virtually a norm within the aging older adults. within the us alone it's reported that quite forty fifth of the older adults living within the community have one or a lot of chronic conditions and therefore multi-morbidity is common during this people. This in itself carries the next risk for useful dependency. Advanced age is usually in the course of poor health with chronic sickness and incapacity leading to declining operate in self-care and quality. Physiatrists play a serious role in tributary to rising

this population's operate by treating the co-morbidities, leading physical and activity therapies and prescribing quality aids and helpful technology.

There is a correlation between incidence of co-morbidities and economic deprivation. Older adults visit physicians doubly as oftentimes as their younger counterparts and square measure hospitalized doubly as typically and keep five hundredth longer. the amount of incapacity before death carries economic and social group challenges. Older adults take a lot of medications and polypharmacy is known as a risk during this vulnerable population. Disease, incapacity and dependence with supplemental money burden of care desires place this aging population in danger for social isolation, depression and institutionalization. Rehabilitation specialists will play vital roles within the lives of aging population in many ways.

Our ever increasing role includes caring for people with strokes, funiculus and brain injuries, trauma system conditions with pain, cancer, poor shape etc... in the acute hospital, inmate and patient levels, and in some things even reception.

The overarching goal of our role is to facilitate operate, maintenance of health by preventive measures and creating the geriatric population age graciously. No alternative specialty is supplied with our psychiatric experience in managing operate and that we build an excellent contribution within the care of those folks for years to come back. however, our role doesn't finish with caring for the geriatric population however additionally provides North American nation with a chance to teach our colleagues virtually in each specialty except paediatrics.

I would advocate the rehabilitation community to require the challenge and add "Healthy useful life to the years of our geriatric patients than mere years to their lives with heroic and needless interventions." I'll finish with a quote by diplomat "The greatest tragedy of maturity is that the tendency for the previous to feel gratuitous, unwanted, and of no use to anyone; the key of happiness within the declining years is to stay fascinated by life, as active as potential, helpful to others, busy, and forward looking".

Conflict of interest

The author declares no conflict of interest.