Australasian Faculty of Rehabilitation Medicine (AFRM)
Rehabilitation Physician Scope of Practice
Adult Rehabilitation Medicine

In the current medical environment, establishing parameters within which a specialist may practice is very important. This document has been developed to define appropriate practice for physicians who specialise in rehabilitation medicine in Australia and New Zealand[i]. The purpose of the document is to outline the scope of adult rehabilitation medicine practice for rehabilitation physicians who hold Fellowship of the AFRM. While some adult rehabilitation physicians manage children in certain circumstances, adult rehabilitation physicians do not generally provide a full range of rehabilitation services to children, and reference should be made to the scope of practice for Paediatric Rehabilitation, which is contained in a separate document.

Rehabilitation Medicine is a Principal Medical Specialty in Australia and a Vocational Scope of Practice in New Zealand. Using knowledge and skills developed through the AFRM training program (or equivalent programs outside Australia and New Zealand), and in some cases post-fellowship training, rehabilitation physicians manage inpatients, outpatients and community patients with medical, musculoskeletal, neurological and neuromuscular disorders, with an emphasis on maximising functional ability and quality of life. Rehabilitation physicians may also engage in the delivery of health services through new models of care and modalities, such as in-reach rehabilitation, early supported discharge, rehabilitation in the home and other community rehabilitation and integrated care models, reablement and restorative models of care, as well as virtually via tele-rehabilitation. Rehabilitation physicians engaged in adult rehabilitation medicine practice diagnose and treat patients from adolescence and young adulthood through to the very elderly.

Patients treated are those affected by function limiting and/or painful conditions involving the central, peripheral and autonomic nervous systems, the cardiopulmonary system and the musculoskeletal system as well as those who experience disability due to illness or injury affecting other body systems.

Their unique blend of education, training and experience also makes the rehabilitation physician an ideal treating or consulting physician for patients who have impaired function due to debility and deconditioning including older patients and those with reduced function as a result of chronic disease. Rehabilitation physicians are experts in the assessment, treatment and management of people with permanent disability as a result of injury or illness. Rehabilitation physicians are also well placed to manage patients with occupational or sports-related musculoskeletal or neuromuscular injuries.

The Faculty's focus on interdisciplinary training also makes the rehabilitation physician the best qualified specialist to lead teams of allied health staff, nurses and other medical practitioners (specialists or general practitioners), in providing coordinated, patient-focused, individualised programs of goal-directed rehabilitative care.

Rehabilitation physicians are specially trained in the use of therapeutic exercise, orthotics, prosthetics and other rehabilitation equipment and modalities. They are therefore able to prescribe these precisely to meet the patient's specific needs. Rehabilitation physicians use routine laboratory and imaging studies, but they are also trained in the clinical interpretation of other diagnostic studies that evaluate musculoskeletal and neuromuscular systems such as CT, bone scan, MRI, and musculoskeletal ultrasound.

Because of their holistic approach, experience in integrated care with primary care physicians, and training in leading multi-disciplinary teams, rehabilitation physicians are also skilled in secondary and tertiary prevention for ambulatory patients in the community for example, in multidisciplinary falls prevention services, as well as for patients who have stroke, neurological or musculoskeletal conditions, osteoporotic fractures or fragility, to prevent relapse or recurrence of injury or to improve function or quality of life.

The Australasian Faculty of Rehabilitation Medicine asserts that all rehabilitation physicians who have completed rehabilitation medicine specialty training have adequate training in the following areas:

1. Inpatient and outpatient musculoskeletal and neurological assessment, diagnosis and rehabilitation;
2. Acute and persistent pain management;
3. Injury prevention, conditioning, fitness and wellness;
4. Non-surgical spine medicine and rehabilitation;
5. Rehabilitation management of sports and sports injuries;
6. Rehabilitation management of occupational injuries and vocational rehabilitation;
7. Therapeutic and diagnostic injection techniques, such as trigger point, soft tissue and joint injections;
8. Assessments of function, disability and impairment;
9. Prosthetic and orthotic prescription;
10. Mobility aid, wheelchair and seating prescription;
11. Rehabilitation management of patients with (upper and lower) limb amputations or limb deficiency;
12. Rehabilitation management of patients with acquired brain injury;
13. Rehabilitation management of patients with spinal cord impairment through injury or disease;
14. Management of spasticity, dystonia and hypertonia;
15. Rehabilitation management of joint diseases and arthroplasty (pre- and post-surgery) and post-fracture rehabilitative care;
16. Tissue disorders such as burns, ulcers, lymphoedema and wound care;
17. Rehabilitation management of older people, including the management of frailty and geriatric syndromes;
18. Rehabilitation management of pulmonary and cardiac conditions;
19. Rehabilitation management of oncological conditions (pre- and post-treatment, and recovery);
20. Rehabilitation of patients who are debilitated or deconditioned as a result of multi-system disease, prolonged immobilisation or prolonged hospitalisation;
21. Rehabilitation and coordination of care and management of individuals with developmental and intellectual disorders such as cerebral palsy, spina bifida and other congenital disorders;

22. Long term management of the person with disability, in liaison with the individual, their family and their general practitioner and other healthcare providers;
23. Chronic diseases management, particularly in secondary and tertiary prevention, to prevent relapse or recurrence of conditions, and improve function and quality of patients, e.g. falls prevention, osteoporotic re-fracture prevention.

In addition, the Faculty further asserts that some rehabilitation physicians can demonstrate qualifications and expertise that qualifies them also to practice in some of the following areas:

1. Interventional diagnostic and therapeutic spinal and peripheral pain management procedures utilising x-ray and ultrasound guidance;
2. Interventional techniques for spasticity management;
3. Electrodiagnostic medicine;
4. Manual medicine techniques.
5. Assessment of permanent impairment, preparation of medical and medico-legal reports and provision of expert medical opinion in rehabilitation medicine.

For more information on the Rehabilitation Medicine Training Program and the Rehabilitation Medicine Curriculum, please visit the RACP website.

In summary, Rehabilitation Medicine is a diverse specialty whose members are trained to facilitate the best possible recovery of function over the full range of common and uncommon medical and surgical conditions seen in contemporary practice. The practice of rehabilitation medicine is collaborative and involves input from a diverse range of health care professionals focused on optimizing the health and well-being of those with short-term or long-term disability.

[i] This document has been developed and adapted from the American Academy of Physical Medicine and Rehabilitation document (*Physiatric Scope of Practice)*, with permission.