

Pediatric Rehabilitation Medicine (PRM): An Integrative Approach to Identifying and Treating Congenital and Childhood Disabilities

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Pediatric Rehabilitation Medicine (PRM) is a challenging and rewarding sub-specialty of Rehabilitation Medicine. The American Board of Physical Medicine & Rehabilitation defines it as “the subspecialty that uses an interdisciplinary approach to address the prevention, diagnosis, treatment, and management of congenital and childhood-onset physical impairments including related or secondary medical, physical, functional, psychosocial, cognitive, and vocational limitations or conditions, with an understanding of the life course of disability.”¹

Children are vulnerable to disabling conditions starting before birth (e.g. toxoplasmosis), at birth (e.g. hypoxic-ischemic encephalopathy), and through the adolescent phase (e.g. injuries). CDC data (2015) on injury deaths are a useful index for disabilities among the survivors of those injuries.² For the two decades between ages 5–24, motor vehicle collisions were the most common cause of death. Suicide by firearms was the third (n = 139) most common cause for ages 10–14 and the fourth (n = 2,461) for ages 15–24. Even for young people, there is a risk of homicide by firearms: it was the second most common cause of death (n = 4,140) for the age group of 15–24. Some of the injuries that afflict children every day could be prevented by education from medical practitioners, for instance, advising parents to secure guns in safes and to ensure safe seating in cars.

This issue of the *Rhode Island Medical Journal* features the intersection of orthopedic surgery and rehabilitation for the pediatric population. Pediatric surgery requires a clear understanding of the natural course of pathologic conditions, the nature of pediatric tissue healing, the developmental process, and psychosocial issues.

Brachial plexus injuries at birth occur in up to fifty children in Rhode Island annually. They require the surgeon to be patient and wait for the natural recovery process, to enlist occupational therapists for rehabilitation, and to carefully select a small percentage of infants for surgery. At a later stage of life, children may have to contend with adolescent idiopathic scoliosis. Fortunately, only 10% of these children require surgical intervention. Sports injuries are relatively common in America. About half of injuries that eventually lead to surgery involve the knee, and in 25% of these cases the anterior cruciate ligament is injured. The most vulnerable athletes are 16-year-old females and 17-year-old males. All three of these conditions are discussed in this special issue, in articles that are authored by orthopedic surgery residents and co-authored by their attending physicians at Rhode Island Hospital. As a rehabilitation physician, I appreciated these articles for their accessibility and usefulness for general medical practitioners, and I hope that the readership of the journal will also benefit from them.

References

1. <https://www.abpmr.org/Subspecialties/PRM>, Accessed 10/7/17
2. https://www.cdc.gov/injury/images/lc-charts/leading_causes_of_injury_deaths_unintentional_injury_2015_1050w760h.gif, Accessed 10/7/17

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