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Role of physical and rehabilitation medicine specialist in peri-operative problems

Enrique Varela-Donoso
Complutense University, Spain

Musculoskeletal surgery (MKS) represents a frequent medical situation among patients suffering from musculoskeletal disorders (MKD), in which PRM specialist has to be, very often, involved. A wide number of MKD have to be operated in order to diminish disability and relief symptoms, thus permitting patient´s functioning and social participation: Joint replacements, spine decompressions, vertebral-plasties, osteosynthesis due to bone fractures, arthroscopies in different joints, tendon tear sutures or plasties, etc. During the pre-operative and post-operative settings, after MKS, the role of the PRM specialist has to be clear. This position-paper describes the different settings where a PRM-specialist has to work among operated subjects, suffering from different disturbances, during all phases of the recovery process, as well as during the pre-operative phase if needed. Although the presence of PRM specialist is important in all settings, it is during the post-operative one, where PRM expertise is particularly important. An interdisciplinary team of different professionals, is also necessary, in order to obtain the best results, and PRM specialist is the best one to lead it.

evarelah@enf.ucm.es

Psychological impact associated with lower limb disability among a group of urban community dwelling residents in Sri Lanka

Inoka Eranganie Weerasinghe[1], P. Fonseka[2], S D Dharmaratne[3], J A M S Jayatilake[4]
Ministry of Health, Sri Lanka[1], Visiting Scholar, Johns Hopkins Center for Injury Research and Policy, Johns Hopkins Bloomberg School of Public Health, Johns Hopkins University, Baltimore, USA[1], University of Ruhuna and Sri Jayawardanapura, Sri Lanka[2], University of Peradeniya, Sri Lanka [3,4]

Introduction: Lower limb disability incurs an immense psychological impact on people with lower limb disability producing psychological distress. Psychological distress occurs with the existence of long term disabled conditions. As distress can amplify disability associated with psychiatric illnesses, it is an area which needs to be further investigated.

Objective: This study was conducted in the aim of assessing psychological distress among those with lower limb disability and to compare with controls without disability.

Method: A community based comparative study was carried out in an urban setting (Kandy Municipal Council area) in Central Sri Lanka. Persons with lower limb disability only (cases, n=61) and a comparative group without disability (comparatives, n=61) in the age group of 18 to 59 years participated in the study. Cases and comparatives were sex and age matched. Comparatives were selected from the same dwelling or from the neighbourhood. Psychological distress was measured using the GHQ-30 (Sinhala). Lower limb disability was measured using a clinical examination and World Health Organization Disability Assessment Schedule II. An interviewer administered questionnaire was used to obtain demographic data. Informed written consent was obtained from all participants and ethical approval was granted by the Ethical Review committee of University of Peradeniya, Sri Lanka.

Results: The median score of GHQ-30 was 11 among cases and zero among comparatives. Application of Mann-Whitney U test showed a significant difference in GHQ-30 scores between cases and comparatives ($p<0.0001$). Higher psychological distress (GHQ score: ≥ 6) was reported among a higher proportion (45.9%, n=28) of cases compared to comparatives (8.2%, n=5). Psychological distress was statistically significantly higher among those with lower limb disability compared to persons without disability ($p< 0.0001$). For GHQ 30 and WHODAS II scores, the correlation coefficient (Spearman's rho) was 0.8 which was a statistically significant association ($p<0.0001$).

Conclusions and recommendations: Therefore psychological distress among persons with lower limb disability needs to be addressed in Sri Lanka by way of varied methods including mental health counseling, special programmes as well as strengthening the preventive health care provision.

eranganie@yahoo.com