

Subspecialty or Superspecialty: What is the Call Today?

Over few decades, physical medicine and rehabilitation or physiatry is running as a specialty in medical practice of our country. Duration of most of the postgraduate training program in physiatry or rehabilitation medicine of our country has duration of three years and the entry criterion for the course is medical graduation. Realistically, three years time is probably not sufficient enough to learn all the facets of rehabilitation medicine or physiatry, as the sound knowledge of the mother subjects is essential to rehabilitate on particular variety of disability. Here lies the challenge, not only for the trainees but also for the teachers, to complete the learning process in that stipulated time. Not only that, but also, it is really difficult to master in every aspects of physical medicine and rehabilitation starting from pediatric rehabilitation to geriatric rehabilitation care.

So, what may be the possible solution? There are so many subsections of rehabilitation medicine like Neurorehabilitation, Musculoskeletal rehabilitation, Pediatric rehabilitation, Geriatric rehabilitation, Cardiopulmonary rehabilitation, Amputee rehabilitation, Oncological rehabilitation, Sports medicine, Interventional physiatry, Critical care rehabilitation etc. This is the need of the hour to start different subsections of our specialty in our rehabilitation training and services. Initially, it may be difficult to run all these different subfields in every existing centers, but at least we can start major subsections like neurorehabilitation and musculoskeletal rehabilitation, then add on other segments as a per our strength and available infrastructures.

Now question arises that what we should entitle the different sections of physiatry in our country. There is confusion between the term 'superspecialty' and 'subspecialty'. As per my understanding, all these subsections are subfields of rehabilitation medicine. Those people, who will spend several years in training on these sub fields, will be more focused on that segment and will be sound like a super specialist in future. In general, 'superspecialty' as a term may sound a bit arrogant than 'subspecialty'. Therefore, we should think of starting various subspecialization of rehabilitation medicine to understand and develop expertise in these particular subfields. If we can practice and spend more hours in a particular subspecialty, we will probably get more academic satisfaction in long run. Last but not the least, every rehabilitation specialist will probably get an area of practice as per their previous experiences and expertise of the subject. It is well understood that it is very difficult to practice in pediatric rehabilitation, amputee rehabilitation etc. together, without any previous significant experience or sound knowledge in these particular segments and may cause dissatisfaction in long run.

Hence, let us take the call of the day and plant the seed of subspecialty in rehabilitation medicine which will grow with our love and care into a mighty tree and help persons with disability.

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