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Photo credit: Bruce Silcox

Q&A

Nancy Hutchison, MD, CLT-LANA

Nancy Hutchison, MD, CLT-LANA, is a board-certified physiatrist and is the medical director of cancer rehabilitation at the Sister Kenny Rehabilitation Institute and the Virginia Piper Cancer Institute in Minneapolis. She works with teams of rehabilitation therapists at Sister Kenny Rehabilitation Institute and Sister Kenny Sports and PT Centers.

Please tell us what physical medicine and rehabilitation encompasses. Physical medicine and rehabilitation (PMR) is also known as physiatry. The name derives from the Greek: *physikos* (physical) and *iatreia* (art of healing). Our goal is to improve function and quality of life by addressing prevention, diagnosis, and treatment of conditions that lead to reduced function. Physiatry requires four years of medical school and four years of residency, leading to board certification. Physiatrists have formal training in neurology, orthopedics, and rheumatology as well as the psychosocial aspects of illness. Just like other physicians, physiatrists diagnose illness and prescribe treatments. Some physiatrists also perform fluoroscopic-guided spine injections, or chemodenervations, to manage pain and reduced function, and may also perform electrodiagnostic testing. Rehabilitation is at the heart of our specialty.

What are the most common interactions a PMR physician has with other physicians? Typically, a physician refers a patient to a physiatrist because an injury or chronic illness has led to the patient's impaired function, reduced activity, or pain. We create a vocational rehabilitation plan for the patient, determine what someone is physically capable of doing in the workplace, and suggest how the workplace environment and/or the physical demands of the job can be adapted for that patient. People such as professional athletes or musicians are sometimes referred to us because they have lifestyles that may lead to injury.

*We work in a complementary,
holistic way with other care providers.*

How does PMR interact with allied health professionals such as physical therapists? Physiatrists work as part of a team that includes traditional allied health professionals such as physical therapists (PT), occupational therapists (OT), and speech-language pathologists (SLP), along with chiropractors, psychologists, and complementary-integrative therapists. Physiatrists prioritize and coordinate interventions for optimal recovery by combining nonsurgical interventions with rehabilitation therapies and individualized fitness interventions.

What are the most common conditions that you treat? Physiatrists treat neurologic and musculoskeletal conditions of children and adults such as spinal cord injury, brain injury, arthritis, stroke and non-surgical management of spine conditions. We also treat patients with any medical condition that impairs function, mobility, and life skills, including cancer and cardiopulmonary conditions. Physiatrists also work in a preventive capacity to reduce the impact of illness and repetitive stress activities.

Please tell us about the work you do with cancer survivors. Many patients finish cancer treatment with medical, psychosocial, financial, occupational, and functional deficits that are not adequately addressed. Survivorship is a distinct phase of cancer care with specific concerns that must be addressed by the medical community. I consult with patients to address the functional aspects of survivorship care. Surgery, chemotherapy, and radiation therapy affect physical

function. I prescribe treatments that reduce a patient's functional decline, ameliorate symptoms, and enhance recovery. Interventions may or may not require rehabilitation therapy. I may also refer a patient who is a cancer survivor to other support opportunities. I also treat lymphedema, which is limb swelling that is a common side effect of cancer treatment. PMR's unique approach to lymphedema combines therapy and compression garments with exercise and weight management.

What have been the most significant advances in your field over the last 10 years? Physiatry has developed expertise in the diagnosis and nonsurgical management of pain and reduced function using procedures such as chemodenervations, which allow the patient to progress into therapy or to exercise to improve function. Another advance is that recent research in cancer rehabilitation documents the importance of activity before, during, and after cancer treatment. A third advance is the team approach to patient care that PMR developed, which is now standard in all medical specialties.

What do you see coming in the next 10 years? Increasing lifespan means that more people are living with the functional impairments of chronic illness. Geriatric research shows that medical frailty and debility lead to disability, and while losing independence is a personal loss, it also costs society. PMR research is creating tools that foster independence, including some that use robotics and telemedicine.

Some people may lack access to a physiatrist or don't know that PMR exists. What can you tell us about this? PMR care may be covered by insurance. Patients and health care providers should seek rehabilitation care from institutions that have strong multidisciplinary therapy teams and CARF or STAR accreditation so that patients receive a team approach to rehabilitation care.

What are some of the most significant improvements you have seen in patients who have received PMR?

- A man with pancreatic cancer was too weak to walk but, after rehabilitation, was able to walk his daughter down the aisle and dance at her wedding.
- A woman treated for head and neck cancer could not eat solid food. After rehabilitation, she went on a cruise where she was able to eat a variety of foods from the buffet.
- A woman with severe leg lymphedema after gynecologic cancer was able to wear regular shoes and exercise again after lymphedema therapy and rehabilitation.

What would you like people to know about PMR? PMR benefits patients by working to prevent, diagnose, and treat conditions that impair function. Physiatry does not compete with primary care, physical therapy, chiropractic, or any other discipline. We work in a complementary, holistic way with other care providers. Our unique multispecialty and psychosocial training make us a partner in the survivorship care of oncology patients. ■

To schedule an appointment with a physiatrist, please call **612-863-8947** for Abbott Northwestern Hospital and Edina locations and **651-241-8295** for United Hospital location.



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