

IAPMRCON 2023

SOUVENIR

“FUTURE DIRECTIONS OF PMR”



ANNUAL NATIONAL CONFERENCE OF
INDIAN ASSOCIATION OF PHYSICAL
MEDICINE AND REHABILITATION



Organised by
DEPARTMENT OF PHYSICAL MEDICINE AND REHABILITATION
REGIONAL INSTITUTE OF MEDICAL SCIENCES, IMPHAL



La. Ganesan
Governor of Manipur



Message

I am very happy to learn that the Department of Physical Medicine and Rehabilitation, Regional Institute of Medical Sciences (RIMS), Imphal is organizing its 51st National Conference of the Indian Association of Physical Medicine and Rehabilitation IAPMRCON, 2023 from 9th to 11th February, 2023 and a Souvenir is being brought out to mark the event.

Physical Medicine and Rehabilitation (PMR) is a discipline of medical science dealing people with physical disabilities and rejuvenating their functional abilities and quality of life. Department of Physical Medicine and Rehabilitation, RIMS, Imphal has been rendering services, especially to the people of Manipur and neighbouring States for the last many decades. Most importantly, the theme of the Conference "Future Directions of PMR" is quite relevant at this juncture. The services rendered to the people by the training Doctors of both Under-graduate and Post-graduate from across the States are quite commendable and praiseworthy. I am fully confident that during the 3-Day Conference, eminent Doctors in this field will exchange their views and explore ways and means the latest technology and method to provide low cost treatment.

I wish the Conference a grand success.

(La. Ganesan)



**CHIEF MINISTER
MANIPUR**

Message



It gives me immense pleasure to learn that the Department of Physical Medicine and Rehabilitation, Regional Institute of Medical Sciences, Imphal is organizing 51st National Conference of the Indian Association of Physical Medicine and Rehabilitation, IAPMRCON 2023.

Physical Medicine and Rehabilitation (PMR) provides integrated, multidisciplinary care aimed at recovery of the whole person by addressing the individual's physical, emotional, medical, vocational, and social needs. Unlike other medical specialties that focus on a medical "cure," the goals of the PMR are to maximize patients' independence in activities of daily living and improve quality of life of persons with disabilities.

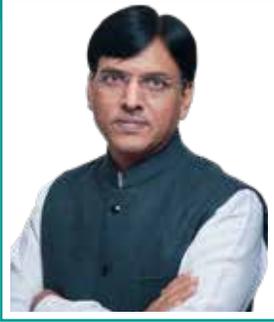
I am hopeful that IAPMRCON 2023 will become a rewarding discourse for the participating delegates in formulating and implementing cutting-edge, comprehensive and patient-centred treatment plans to improve the quality of life of persons with disabilities. This conference should be a platform to exchange knowledge in various areas of diversified research fields.

Once again, I extend my warm greetings to the organizers and delegates and wish the Conference a grand success.

(N. Biren Singh)



MINISTER
Minister Health & Family Welfare
and Chemicals & Fertilizers
Government of India



Message

I am glad to know that the Department of Physical Medicine & Rehabilitation, Regional Institute of Medical Sciences, Imphal is organising the 51st Annual National Conference of Indian Association of Physical Medicine & Rehabilitation (IAPMRCON 2023) from 9th to 11th February, 2022 at Jubilee Hall, RIMS Imphal.

The theme of the conference "Future Directions of PMR" for this year is very relevant in the strategic development of the specialty. This national conference will be an eye opener for many in understanding the fast-growing facets of Physical Medicine & Rehabilitation. It will be a step forward to improve the quality of life of persons with disability.

I wish the 51st Annual National Conference of IAPMR a grand success.

(Dr. Mansukh Mandaviya)



Dr. Sapam Ranjan Singh

MINISTER

*Medical, Health & Family Welfare
Publicity & Information, Manipur*



Message

I am glad to learn that the Department of Physical Medicine & Rehabilitation, RIMS, Imphal is organising Indian Association of Physical Medicine & Rehabilitation Conference, IAPMRCON, 2023 on 9th to 11th February, 2023 at RIMS, Imphal.

As we know, Physical and Medicine & Rehabilitation (PMR) is one of the fastest growing medical specialities dealing with persons with disability and disabling diseases effecting the quality of life.

I hope that scientific deliberations during the conference will also enhance the knowledge and wisdom of the medical professionals particularly the participating delegates from across the country.

I also wish the Conference a grand success.

Ranjan
13/1/23

(Dr. Sapam Ranjan Singh)



**REGIONAL INSTITUTE OF
MEDICAL SCIENCES HOSPITAL**

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Message



It gives me immense pleasure to learn that the 51st National Conference of the Indian Association of Physical Medicine & Rehabilitation, IAPMRCON 2023 at Regional Institute of Medical Sciences, on 9th — 11th February, 2023 on the theme "Future directions of PMR" and a Souvenir is also being published to commemorate the Conference.

I also feel very happy to know that the host of eminent resource persons and delegates from inside and outside the state shall have scientific deliberations on the latest updates in the field and discussions in this conference will benefit not only the participants but also the suffering people of the NE region.

I heartily wish the conference and the souvenir being brought out all success.

H. Priyosakhi Devi

(H. Priyosakhi Devi)

Greetings from the Scientific
Committee



It's indeed an honor and privilege for me to be associated with the IAPMRCON 2023 edition as Scientific Chairperson, being held at Regional Institute of Medical Sciences, Imphal during —

11th February 2023. The Organizing Committee has chosen the theme of the conference as "Future Directions of PMR". We all are aware about the rapid changing trends and advancements in rehabilitation medicine practices across the globe as our speciality is trying to pace up with current changing trends.

Good things happen when we get together. And success of any conference depends upon good academic deliberations, besides good fellowship and local hospitality which the organising committee has been trying hard from all the resources from wherever we can mobilize, We are looking forward to a wonderful academic exchange during IAPMRCON 2023 spread over three and haft days.

We are overwhelmed with record number of scientific papers submitted for presentations. The scientific committee has tried its best to accommodate maximum number of papers: both oral platform and poster presentations with simultaneous presentation sessions in a variety of topics of importance in PMR practice, except during the main oration and theme speaker sessions. There are another two workshop sessions viz. RFA & Gold induced Cytokine therapy in OA knee, post conference specially for the benefit of post graduate students and junior faculty members. The registration of both the workshops have been fully booked.

Looking forward to meet you all personally, I extend my warm welcome to Imphal one and all, during February 2023. I wish "IAPMRCON 2023" a grand success.

A handwritten signature in black ink, appearing to read "N. Romi Singh". The signature is fluid and cursive, written over a light blue background.

(Nongmaithem Romi Singh)

*Chairperson
Scientific Sub-committee*



**OFFICE OF THE
MEDICAL SUPERINTENDENT
REGIONAL INSTITUTE OF MEDICAL SCIENCES HOSPITAL**
Imphal - 795 004, Manipur (India)
*(An Autonomous Institute Under the Ministry of
Health & Family Welfare, Govt. of India)*



Message

It gives me great pleasure to learn that the Department of Physical Medicine & Rehabilitation (PMR), RIMS, Imphal is organizing 51st National Conference of the Indian Association of Physical Medicine & Rehabilitation, IAPMRCON 2023 at RIMS, Imphal from February 9-11, 2023 and a Souvenir is being published.

I hope the scientific program of IAPMRCON 2023 will have rich academic content. This will bring together clinicians and researchers to look deeper into the relevant field, share experiences and ideas. This will be a platform to discuss recent advancements and challenges faced in the field of Physical Medicine & Rehabilitation and will contribute to the effort of charting "Future directions of PMR".

I am sure the organizing committee headed by the dynamic Chairman Prof. Ak. Joy Singh will look after you well and you will take home fond memories of Manipur.

I wish the IAPMRCON 2023 a grand success.

(Prof. N. Sanjib Singh)
*Medical Superintendent,
RIMS Hospital, Imphal*



Message



The happiest moment was when the Department of Physical Medicine & Rehabilitation, Regional Institute of Medical Sciences, Imphal, was given the opportunity to host the prestigious 51st National Conference of Indian Association of Physical Medicine & Rehabilitation (IAPMRCON 2023) for the 3rd time after 2002 and 2016 conferences. This conference is even more significant because this is the first physical national conference of IAPMR after the 2020 national conference in Kerala due to the COVID pandemic.

“Future directions of PMR”, the theme of IAPMRCON 2023, will take us to a destination we have never been to, and it will be an eye-opener for many. It will be another step forward to removing the confusion in the minds of undergraduate and postgraduate students on the outlook of the Physical Medicine & Rehabilitation (PMR) speciality.

PMR is presently considered as one of the fastest-growing medical sciences throughout the world. In the process, rehabilitation remains a victim worldwide, and majority of PMR specialists do everything except rehabilitation. This conference will sincerely try to bring 'Rehabilitation' back on track.

On behalf of the Organizing Committee, we warmly welcome you to this biggest event of our speciality. With your active participation, IAPMRCON 2023 will be one of the most memorable PMR conference ever.

JAI HIND

(Akoiyam Joy Singh)
Chairman,
Organising Committee,
IAPMRCON 2023



SECRETARY

*Indian Association of Physical Medicine and
Rehabilitation Head, Dept. of Physical Medicine
& Rehabilitation, AIIMS Patna- 801507*

E-mail: secretary@iapmr.in
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Message



Greetings from the Indian Association of Physical Medicine and Rehabilitation

It gives me immense pleasure and joy that Department of Physical Medicine & Rehabilitation, Regional Institute of Medical Sciences, Imphal is once again privileged to host the prestigious 51st National Conference of the Indian Association of Physical Medicine & Rehabilitation, IAPMRCON 2023(IAPMRCON 2023) (February 9-11, 2023).

On behalf of IAPMR, I wish them the very best. Being the Post golden jubilee celebration of IAPMR and first after a gap in physical format I am sure it's going to be a grand success and one very important landmark in the history of IAPMR. On Behalf of IAPMR, I assure the organizing committee of all the support from the national body and also urge all the members across the country and abroad to join this academic feast. The organizing committee under the leadership of organising President Dr. Akoijam Joy Singh and organizing Secretary Dr. Longjam Nilachandra Singh left no stone unturned to make it the most memorable event to date. I welcome all the participants to this unique event.

The Theme of the CME is, "Future directions of PMR" which is very apt keeping in mind the current scenario and also the need of the hour.

Over the last 2 decades, we have seen a surge in the field of regenerative medicine across the globe and in India which have revolutionised the management of Neuro-musculoskeletal disease and sports injuries, enabling faster healing and quicker recovery. With this theme in mind, we will focus on the basics of rehabilitation medicine & Surgery. This academic extravaganza will exhibit more than 30, didactic presentations and panel discussions, hands-on workshops, as well as an opportunity to interact with reputed faculties and our colleagues across the country. We eagerly wait to greet you in Imphal

Sanjay Kr Pandey

(Dr Sanjay Kr Pandey)

Staying safe and healthy is the prime motto and so is being updated in knowledge.

I invite everyone for the Special and unique Conference to join in large numbers for making this a grand successful event.



It is a great pleasure to participate in the 51st National Annual Conference of IAPMR which is being organized from Feb 9th to 11Th, 2023, at RIMS, Imphal, by the Department of Physical Medicine and Rehabilitation of Regional Institute of Medical Sciences, Imphal. The conference is organized by the Dynamic team headed by Organizing President Dr. Akoijam Joy Singh and Organizing Secretary Dr. Longjam Nilachandra Singh who are meticulously planning every program so as to provide a great academic feast to the delegates.

After a dreadful experience with Covid, this physical conference will be once again a wonderful opportunity for all the delegates to meet each other and share their experience. The Organizing Chairman of the Scientific committee Dr. Nongmaithem Romi Singh and his team are providing us an extensive academic program ranging from Regenerative therapy, Robotic assisted training, Artificial Intelligence, Virtual Reality etc which will enrich the knowledge of the young Physiatrists and is more apt to the Theme of the conference “Future directions in PMR”. This conference will surely widen the scope of the PMR practice for the young physiatrists. The workshop on Interventional pain management – RFA in PMR practice – will enhance the hands on skills for the budding physiatrists and improve their morale.

IAPMR will soon be launching its IAPMR Book. Our Academic committee chairman Dr J K Joy Singh has performed the herculean task of organizing the IAPMR book. Many of you might have contributed chapters in the book. Dr. Mrinal Joshi the Editor in Chief of IJPMR is actively bringing IJPMR. So, once again I request more members to actively contribute to the Journal.

I am sure the IAPMRCON 2023 will be a memorable experience for all of us. I wish the conference a grand success. Long Live IAPMR.

(Dr. P. Thirunavukkarasu)

President - IAPMR

01 REGIONAL INSTITUTE OF MEDICAL SCIENCES, IMPHAL

AT A GLANCE



Akoijam Joy Singh
HOD (PMR), RIMS Imphal

The Regional Institute of Medical Sciences, Imphal (RIMS) was established in the year 1972 as an institute of regional importance catering to the needs of the North Eastern Region of India, imparting undergraduate and postgraduate medical education. This institute became an autonomous institute under the Ministry of Health & Family Welfare, Government of India on 1st April, 2007. The highest decision-making body is the Governing Body headed by the Union Minister of Health & Family Welfare, Government of India and management is done by the Executive Council headed by the Secretary of Health, Government of India.

RIMS Hospital is a tertiary hospital with 1200 beds. The total number of sanctioned staff is 1950. In 2021-22, 47 Conferences/CMEs were organized, and 44 projects were conducted by various teaching staff.

RIMS runs MBBS (125 seats), BDS (50 seats), BSc Nursing (50), MD/MS (25 Specialties with an annual intake of 156 per year), MSc Nursing (10), DM (Nephrology), MCh (Urology and Plastic Surgery), BASLP, MPhil (Clinical Psychology), PhD, BSc (Medical Laboratory Technology), BSc (Medical Radiology Imaging Technology). Fifteen per cent (15%) of MBBS seats and 50% of postgraduate seats are reserved for students in the All India Quota

Category. The remaining seats are distributed among the 7(seven) states of the northeastern region based on NEET marks. MD in Sports Medicine was started with Letter of Permission (LOP) in 2020 with the intake of one student every year through All India Quota.

As on 31st March, 2022, a total of 3656 MBBS doctors and 2101 MD/MS doctors have been produced.

Medical Society of RIMS is the oldest Academic body of the institute since September 14, 1977. Journal of Medical Society (JMS) with 3 (three) publications in a year is indexed in EMBASE/ Excerpta Medica, Scopus, Index Copernicus and Indian Science Abstracts.

RIMS Imphal is ranked among the 50 best medical colleges in the country (28 in 2019, 38 in 2020, 43 in 2021 and 46 in 2022) as per the National Institutional Ranking Framework (NIRF) for Medical Colleges.

Comprehensive Rehabilitation Centre was established in 1984 in Regional Medical College Imphal as a project under the Ministry of Home, Government of India. Exactly after ten years, in 1994, it was upgraded to a full-fledged Department of Physical Medicine & Rehabilitation of the Regional Institute of Medical Sciences, Imphal. MD course in PMR was started in 2005, and presently, the annual intake is 4(four), including 2(two) seats under the All India quota.

02 TOURIST SPOTS IN MANIPUR:

A BEGINNER'S GUIDE

Sanjoy Akoijam
MSc Anthropology (DU)

Despite being a small state, Manipur is blessed with abundant natural beauty and it is home to a number of different communities with unique cultures and traditions. Riding on the back of infrastructural development and reduction in law and order problems, the tourism industry has picked up pace in recent years, with more and more tourists from across India and the world visiting the state. This article will give the reader a list of some tourist spots in Manipur, divided between its two main geographical divisions- the Manipur valley region and the Manipur hill areas.

Manipur Valley Imphal East and West districts



- **Kangla Fort:** It is located right in the middle of the state capital, Imphal. For a major part of the history of the land, it served as the capital of the Meitei kings of Manipur. The area comprises many important historical structures and sacred spots.
- **Khwairamband Keithel/ Ema Keithel:** Ema Keithel translates to “Mothers’ Market”, and it is perhaps the only market in the world run exclusively by women. It is also in the centre



of Imphal. The complex consists of three main structures and some subsidiary structures nearby. Almost all items ranging from fruits, vegetables, fresh fish, traditional food, cultural and everyday attire and products, religious goods and whatnot are available here.



- **Imphal World War II War Cemetery:** The main war cemetery in Imphal, it is the final resting place of around 1600 Allied soldiers who gave their lives in the all important Battle of Imphal during World War II. This cemetery is located opposite DM University campus in Imphal. There is another WWII cemetery mainly for Indian soldiers at Hatta, Imphal.



- **Shree Shree Govindajee Temple :** The most important Hindu temple in Manipur, the centre of the Vaishnava faith of the Meiteis. It is a simple and beautiful structure. The presiding deity, Radha Govinda is flanked by idols of Balarama and Krishna on one side and Jagannatha, Balabhadra and Subhadra on the other. The temple is located next to the erstwhile Manipur Royal Palace at Palace Compound, Imphal.



- **Manipur State Museum:** It is located near the historic Imphal Polo Ground. It showcases the unique heritage and culture of Manipur and her people.



- **RKCS Art Gallery:** A beautiful and comprehensive art gallery in Keishamthong area of Imphal, showcasing the works of the

renowned painter (L) Rajkumar Chandrajitsana Singh and his successors. One can get a crash course of sorts on the history, culture and beauty of Manipur through the paintings here.



- **Imphal View Tower:** If you don't mind a bit of climbing, the Imphal View Tower on top of Cheirao Ching hill in Thangmeiband area of Imphal gives one a magnificent view of Imphal and its surroundings.



- **Marjing Sagol Kangjei (Manipuri Polo) Statue:** Located a few kilometres from Imphal in the Heingang area, it is perhaps the world's largest statue of a Polo player on horseback. It is perched on top of the Marjing hill, which is a sacred site. The statue testifies to the importance of horses in the development of civilization in Manipur. Also, Manipur is widely accepted to be the birthplace of modern Polo.
- **Manipur Olympian Park:** The park is located at the western edge of Imphal West District, bordering Kangpokpi district. It honours the



athletes from Manipur who have participated in the Summer Olympic Games, representing India.



- **Shaheed Minar:** Located near the Imphal Polo Ground, it is a memorial dedicated to a Manipuri prince and a general who were hanged by the British as a fallout of the Anglo-Manipur War of 1891. Behind the memorial is another memorial dedicated to Manipuris who were exiled to the Andamans in the wake of the same war.



- **Andro:** A scenic village located around 22 kilometres to the east of Imphal. The place is well known for its pottery products and traditional alcoholic brews.

- **Phayeng:** This village is located around 15 kilometres to the west of Imphal. It has also been given the unique recognition of being India's first carbon-positive settlement.

Thoubal, Kakching and Bishnupur districts



- **Khongjom War Memorial:** A memorial dedicated to soldiers of the Kingdom of Manipur who laid down their lives in the Anglo-Manipur War of 1891. The main memorial is at Kheba Ching hillock, around 32 kms from Imphal.



- **Kakching Garden:** A beautiful garden on top of a hillock (Uyok Ching) in Kakching town. One can get a great view of Kakching and surrounding areas from the top. It is around 45 kms from Imphal.
- **Loktak Lake and Keibul Lamjao National Park, Bishnupur district:** Loktak is the largest freshwater lake in Northeast India, intimately connected to the lives, culture and history of people that live on its shores. The KLNPN (the only floating national park in the



world) is located around 46 kms from Imphal, in the southern part of the Loktak lake and it is home to the endangered state animal of Manipur- the Sangai, and various other valuable flora and fauna.



- **Imphal Peace Museum and India Peace Memorial, Nambol:** Located around 17 kms from Imphal, both the Museum and Memorial are dedicated to Japanese (and Indian National Army) soldiers who gave their lives in the Battle of Imphal during World War II. It is located near Maibam Lotpa Ching (Red Hill), a major WWII battle site.



- **INA Memorial and INA Headquarters, Moirang:** Located around 45 kms from Imphal just near Moirang Bazar, the INA Memorial commemorates the first hoisting of the tricolour flag of Azad Hind Fauz on mainland Indian soil on 14th April, 1944. Meanwhile, the INA Headquarters (which is also nearby) preserves an old traditional Meitei house (Yumjao) that served as the headquarters of the INA during WWII.

Manipur Hills



- **Moreh:** The border town in Tengenoupal district located near the Indo-Myanmar border. It is India's main gateway to Myanmar. The town resembles a mini-India, home to a multitude of communities. It is around 106 kms from Imphal.



- **Khuga Dam:** A dam built on the Khuga river in Churachandpur district (around 70 kms from Imphal) has created a beautiful reservoir, on the shores of which several resorts and parks (eg. Gelzang Resort, Siktui Farms & Resort, LAST Resort, etc.) have come up recently.



- **Shirui Hill:** A hill in Ukhrul district, the only home of the state flower of Manipur- the Shirui Lily (known as Shirui Kashung Timrawon in the dialect of the local Tangkhul Naga tribe). It is around 96 kms from Imphal.



- **Khangkhui Cave:** Locally known as Khangkhui Mangsor, it is a majestic natural limestone cave. Archaeologists have discovered many important artefacts, dating back to the Palaeolithic age from this cave. It was also used as a shelter by the local people during World War II. It is located around 95 kms from Imphal.



- **Dzukou Valley:** A beautiful lush, green valley located on the border between Manipur and Nagaland. It forms a part of Senapati district of Manipur, and is located near the border town of Mao (around 110 kms from Imphal). It is a trekker's as well as nature lover's paradise. It is also home to a rare type of lily- the Dzukou Lily. This valley is also well known for its seasonal flowers and unique flora & fauna.

NATIONAL CONFERENCE OF INDIAN ASSOCIATION OF

PHYSICAL MEDICINE & REHABILITATION 2023 (IAPMRCON 2023)

- Organising Committee**

| | |
|-----------------------------|------------------------------|
| <i>Organising President</i> | Dr Akoijam Joy Singh |
| <i>Organising Secretary</i> | Dr Longjam Nilachandra Singh |
| <i>Treasurer</i> | Dr Yumnam Ningthemba Singh |
- Scientific Committee**

| | |
|--------------------|---------------------------|
| <i>Chairman</i> | Dr Nongmaithem Romi Singh |
| <i>Convener</i> | Dr Naorem Bimol |
| <i>Co-Convener</i> | Dr Yengkhom Jotin Singh |
- Souvenir Committee**

| | |
|--------------------|----------------------------|
| <i>Chairman</i> | Dr Akoijam Joy Singh |
| <i>Convener</i> | Dr Yumnam Ningthemba Singh |
| <i>Co-Convener</i> | Dr Monica M |
- Accommodation & Travel Committee**

| | |
|--------------------|---|
| <i>Chairman</i> | Dr. Ph Bhupes Singh |
| <i>Convener</i> | Dr S Adarsh Singh & Dr Prashant Kami |
| <i>Co-Convener</i> | P Lolito Singh |
- Social & Cultural Committee**

| | |
|-----------------|--|
| <i>Chairman</i> | Dr Y Nandabir Singh |
| <i>Convener</i> | Dr L Sobhasini Devi & Dr Kh Selina Devi |
- Catering Committee**

| | |
|-----------------|------------------------|
| <i>Chairman</i> | Dr L Nilachandra Singh |
| <i>Convener</i> | Dr Y Ningthemba Singh |

JACK OF ALL TRADES AND MASTER OF NONE

A FLAWED CONCEPT



Akoijam Joy Singh
Professor & HOD
PMR, RIMS Imphal

The problem, I feel, is that we have not really excelled at one thing; in a way, we continue to be "Jack of all trades, master of none". I have said this time and again, but unless and until we have a uniform syllabus (in a way, we have it on paper), skill sets will remain very varied. Even within an institution, each consultant has done various things with little commonality. (Henry P)

This is the view expressed by one of my dear friends with whom I have so much in common. We both share all-time great mentors like Dr U Singh and Dr Suranjan Bhattacharji. Uniformity has been the greatest challenge in the growth of Physical Medicine & Rehabilitation (PMR) in the country, maybe because of the diverse backgrounds of the ancestors. Another reason is a fallout of following various curricula at different institutes with no emphasis on a uniform set of competencies or skills.

Presently, a lot of emphasis is given to "Competency-Based Postgraduate Medical Education". But, to take up this responsibility, teachers themselves must be competent first. The Pseudo-competency of the teachers will destroy not only the students but also the subject. Many, including me, are in the latter group. It is going to be a tragedy for the future unless we act timely.

Every teacher should focus on improving and mastering select skills to guide the students. A teacher who scolds or demeans students on a regular basis is hiding their incompetence. This is what I believe. To me, a teacher is a facilitator cum mentor

for the students and will remain as such throughout their lifetime. Many are running away from their only responsibility as teachers. We need to give quality time to our students. My revered Surgery Professor at RIMS once said that if you do not have time for the patients, do not try to become a doctor. Similarly, if you do not have time for the students, do not even think of becoming a teacher. Time is everything. Very often, consultants fool themselves by depending too much on juniors (academic and non-academic) who are more like us in the day-to-day care of the patients, which results in even worse outcomes.

Many PMR Departments do not even have the basic infrastructure in the form of units of Physical therapy, Occupational therapy, Prosthetics and Orthotics, Clinical Psychology, Speech Therapy, Rehabilitation Nursing, Medical Social Work, etc. A full-fledged Prosthetic and Orthotic unit is available only in a few PMR Departments. Very often, it is outsourced. This is the beginning of the end of PMR speciality. The philosophy of Rehabilitation as a Multi-Disciplinary Team (MDT) work is nipped in the bud.

When I am asked about my area of interest, I say it is Sports Injury Rehabilitation. I am amazed when I see multiple areas of interest and practice of several of our PMR specialists in the country. When someone has so many areas of interest and practice, logically, this expert is either a genius or otherwise. It is insanity to remain a jack of all trades in medicine, being one of the fastest-growing sciences. For our

survival, we need to focus on a select field in our struggle for existence. Only the fittest person will survive and stand in the future. The existence of many PMR Departments is not even recognized by their own administration because they have not done enough to be noticed or recognized. Many are in suspended animation and rehabilitating themselves only, not the Department or patients. Please do not shed tears when your presence is not felt by the administration. Start moving. Only movement will produce ripples.

Many PMR Departments are purely faculty-centric. Various centres are differently focusing on Rheumatology, Orthopaedic Medicine, Paediatric Rehabilitation, Neurorehabilitation and Pain management, etc. Some are still fully Physiotherapy-centric when evidence is lacking for many. The beginning of interventional pain procedures by various centres is a recent trend. Some of the PMR Departments are often referred to as "Pain Medicine Departments" because their main activities are various pain interventional procedures only, some with training and some without. It is just like believing that Arthroscopy is Sports Medicine. However, starting regenerative medicine with some of our experts is a welcome step.

Once, I was looking for an expert to train my students on "Dry Needling". I did consult many Pain Medicine specialists among us. One of them said, "Joy, please focus on PMR. Your students will forget what Rehabilitation is." It awakened me. Ultimately, we should not be content with our students knowing everything except Rehabilitation. This is a stark reality.

Till early 2000, most of the grand rounds in many PMR Departments ended with discussions on Orthopaedic examinations because our guardians were mostly from an Orthopaedic background. Rehabilitation management was not discussed primarily due to the paucity of time and lack of clear understanding. After starting the postgraduate course and with some faculty members joining the Department after completing MD courses in PMR,

the situation changed drastically.

I have been an MCI/NMC inspector to some of the leading institutes in the country. The Standard Assessment Form (SAF) of PMR has a lot about Orthopaedic surgeries and Pulmonary medicine. I believe this SAF form was developed by an Orthopaedic Surgeon suffering from Asthma. I have formally submitted objections to the NMC with a request to correct it. PMR is an MD course under Broad Specialty, not an MS course like Orthopaedics. It is high time to decide whether PMR remains an MD or a Pseudo MS course.

I was not surprised when someone said that students entered PMR very unwillingly and came out more confused after 3 years. When the exit is the same as the entry, the problem is in the system. We can lead a horse to water, but we cannot force him to drink. Our duty as a teacher is to make the subject more palatable for the students to enhance their hunger for learning. Our happiest moment was when our own undergraduate students and non-academic Junior Residents returned to us back as postgraduate students after leaving General Surgery or Orthopaedics even because they were convinced about the utility and future scopes of the PMR speciality.

Diplomat of National Board has an exhaustive curriculum for the PMR subject applicable to all students from all over the country. It is prepared by teachers from reputed medical colleges running MD courses in PMR. But they themselves do not follow a similar curriculum. Preaching without practice defeats the purpose. This is the only subject where we see the north-south and east-west divides. Every institute has a different curriculum. Attempts to formulate a common curriculum end in more confusion and conflict as the problem is in the basic understanding of the subject. It is more like a blind person describing an elephant based on the part they come in contact with.

It seems more like we are in the middle of the sea and have misplaced the route map. Curriculum is a

destination-oriented clear pathway, a must for every subject, including PMR. Teachers in PMR need to sit down and formulate a standard curriculum strictly based on a defined set of Competencies for the country, keeping the global progress in PMR while acting locally to meet these challenges.

When all the faculty members are already trained in Medical Education Technology, many do not contribute actively to defining skills and competencies related to the subject following the changing trends. Customarily it is left to HODs. If the running of the academic program and all other activities of the Department is left to the HOD alone, many PMR departments must have gone to hell already. Why are many of our junior faculty members interested in remaining inactive and a follower without initiative? You cannot make sudden changes when you become the unfortunate HOD. We are to blame ourselves for this masterly inactivity. We will be accountable if we keep resisting inevitable new challenges and growth.

When all the faculty members are trained in Medical Education Technology, many do not actively contribute to defining skills and competencies related to the subject in accordance with the changing trends. It is left to HODs. If the running of the academic program and all activities of the Department is left to the HOD alone, many PMR departments must have gone to hell already. Why are many of our junior faculty members interested in remaining inactive and a follower without initiative? You cannot make sudden changes when you become the unfortunate HOD. Your time is now. We are to blame ourselves for this masterly inactivity. We will be accountable if we keep resisting inevitable new challenges and growth.

Instead of a brand store, many among us are becoming a mall where business is open-ended. Arthritis, Osteoporosis, Regenerative and Pain procedures are fast becoming money-making machines for those who are doing private practice. Strict business orientation sacrifices humanity. Money-making machines may produce money, but

rehabilitation takes a backseat. For the same disease, one may give the simple and safest medication for their parents and children but long and complicated lists to others, irrespective of their socioeconomic background. This is a dichotomy and an unethical practice.

When I visited some of the established PMR institutes during my Dr W G Rama Rao Travel fellowship, I could feel the invisible but strong boundaries of various Rehabilitation units. In one centre, one hero Anaesthesiologist volunteered to take me to Physiotherapy and Occupational therapy units when almost every PMR doctors were busy on some pretext or other. The situation is no better in many other institutes. Once a senior professor and HOD asked me, "How do I control the therapist in my department?" Originally, it was a long letter lamenting his difficulties in controlling them. I made the long story short. I told him that I tried breaking the camel's back with knowledge without using any power. It was more like a "Satyagraha". Indeed, having a good understanding, knowledge and practice of their subjects over and above PMR helped me to lead a robust Rehabilitation Team. In reality, find time for others, and others will also find time for you. Otherwise, who is not busy in this modern era?

I have seen almost every Rehabilitation Department in the country. Most of the Departments depend too much on the capability of the Head of Departments or someone like him. Some departments are shining, and some are uninspiring. Common among us is that we do everything except our duty, and most present-day PMR physicians are busy for reasons known to them. It seems that the Department or the subject is no more a priority for many.

I had the opportunity to attend some national conferences of other specialities where the level of discussion was so high, so much so that there were no vacant seats in the hall. Many delegates did not mind standing while listening to great teachers. I am yet to see a similar scenario during the PMR national conferences. Attending the PMR national

conference is more like a formality and active participation in the discussion is not a priority. Either we know too much, or we are not able to understand what is being discussed. Most of our presentations are bookish and not really based on our own in-depth research studies. The growth of any speciality also depends on what, how much and how often we discuss it. This is not happening.

So far, we have produced 23 postgraduate specialists from Manipur and only 3 are working outside the state. I know some of my friends who keep shifting their workplaces (up to 6 times) till they are appointed in Delhi or their home states. When we are not able to work beyond our comfort zones, any upcoming Department, even in institutes of national importance, may become an Orphan due to this cocooning effect. Sacrifices for the sake of the speciality and an upcoming department are yet to be seen for many.

Research, including postgraduate thesis, has been a casualty as many guides need to be more conversant with the Research Methodology, and they do not even make an attempt to improve this deficiency. Postgraduate students also seem to look for shortcuts and bypass teachers as far as possible. After examination of the theses, I suspect that many guides have not even read the thesis. Despite producing so many postgraduate students every year, publication in the standard journal is dismissal. Even Extramural and Intramural projects undertaken by PMR teachers throughout the country are not overwhelming. Present Era is one of "Publish or Perish". Where do we stand??

If we go by the present international trend where PMR is shifting more towards Musculoskeletal Medicine, our students need to master musculoskeletal ultrasonography, neurophysiology, fluoroscopy, etc.

Unfortunately, many PMR departments do not have such future ready assessment facilities. We are going ahead with experiences but not with evidences.

It will be wonderful if

- We can have a standard set of protocols for the clinical management of various clinical conditions that we see in our PMR practice, which is agreeable to most institutions.
- We can develop a Homogeneous skill set for PMR speciality. It will be very challenging but not impossible. We need futuristic physiatrists to get it done at the earliest if we are to remain in the limelight.
- We can try to build up some kind of registry for spinal cord injuries, strokes, brain injuries, etc. in each institution and maybe at the national level if possible.
- We can try and see if like-minded consultants from various institutions can come together and run some multicentric research. This will help us to collect extensive data much faster.
- We can venture into Lifestyle Medicine, slightly deviating from our over-concentration on neurological and orthopaedic disabilities.

I have tried to express my views in an effort to improve the standard of care and understanding of our PMR practice. This is not to defame anyone. There will be differences of opinion. That gives us hope. Change is inevitable, but people may resist it as they will be out of their comfort zones. Jack of all trades is quackery.

“Never think of who is doing better or worse than you. The only question is, are you doing your best.” (Sadhguru) This quote will answer most of our issues.

INDIAN ASSOCIATION OF PHYSICAL MEDICINE AND REHABILITATION

(Regd. No. S/18608)

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Before giving my own inputs into the topic, I would like to acknowledge the contributions made by our teachers, who have given more inputs and thoughts into the foundation of PMR in the country than any of us can imagine or give directions at this stage. Dr BP Yadav, during the international conference of IAPMR 2000, wrote a descript direction and during the Mid-term CME in 2016, Dr RK Srivastava presented the SWOT analysis. I am not going to repeat what was already highlighted by them or add to the figures of how many medical colleges have started having PMR departments with how many specialists working in PMR, as these figures will keep changing on a monthly basis. Besides, you can always look through the websites of the NMC or others to check these figures out. I shall try to bring to light the issues as seen by me in the present situation of the speciality. Instead of putting a rosy picture or the one of the impending doom as most of us have been lamenting, I shall try to bring in what can be done at each level as per my thinking.

Situation at present: Thanks to the efforts made by our seniors to have made PMR compulsory for all medical colleges. There is no doubt that each of the medical colleges, including the elite AIIMS, old and new ones, are struggling hard to imbibe the qualified and willing specialists to come and keep working for them. I was shocked to see the plight of one of the AIIMS, I visited recently where the examination of the first batch of the MD (PMR)

was held; they did not even have their own internal examiner. The only faculty left there at that time was on his way out to join another institute. What will be the plight of students there? There are quite a few PMR departments, specially the newly formed AIIMS, where there is only one faculty member who is struggling to get space, more hands and equipments and get the right kind of respect of a specialist. Some have also started MD programs since AIIMS enjoys the privilege to have its own rules rather than going by the NMC norms, I am sorry to say. What is the way out of this catch-22 situation? To open departments, we need faculty. While there is need for more faculties, we start PG programs by diluting the minimum requirements of starting programs. We have more opportunities for the faculty to join positions in different medical colleges. Faculties move from one place to another one close to their native places; or the lucrative ones based on position or money. This creates a void. There is a threat of discontinuity of maintaining minimum requirements. In the medical colleges that are striving to maintain their recognition, they are luring newer pass-outs with higher emoluments to join them. The medical colleges are scared to develop the departments after establishing the bare minimum. They are scared if faculty which joined would continue to be there or leave putting the investment to risk. PMR is lesser known by many outside the speciality, since it has not been there for

long, they are also scared if the investment made will reap fruits. Did we do the right thing by making PMR compulsory? If we did not have compulsion of having PMR essential in the medical colleges, we would have been dying to have it done. Not that we have done it, we wonder like the egg and the hen, what should have come first, the compulsion of having the departments or the faculty and the facilities prior to having it been made compulsory? Well, God paved the way before we could try to answer this question, let us not question that. Let us work on what we can do at each level as described in this paragraph, looking at what we have without criticising what should have been or in which order.

The muddle: We cannot stop but should rather promote having more and more departments of PMR at all levels, medical colleges, super-speciality hospitals, private hospitals or multi-speciality clinics or stand-alone hospitals, nursing homes or individual clinics providing physiatry. Looking at the minimum standards, if we try to look deep, the rules laid down are actually not so well defined to establish the department and is still under formulation. When we talk of starting the department for the MBBS level, minimal standards are not laid down for the space, faculty, staff and equipment. If we have some standards laid down, it would be hard to meet for most medical colleges but they shall try to do that much at least. If we don't have such standards, we can work with the littlest we have, but progress will depend on the will of the individual medical college or that of what the faculty wishes and or is able to do within constraints we all know. Many young specialists just hook up to one place and linger on with that static state for years, tired after the initial efforts to grow. Here what we need is for those in the committees formulating such rules with NMC or NBE etc, is to hammer these minimum standards. I remember having made efforts to establish this more than a decade ago, besides efforts by many before and after that and recently the present committees having our learned members from IAPMR trying to establish that with the NMC UG medical curriculum etc. When we

have standards, there might be another hue and cry and voids at various places in the country but gradually after a period is given to gradually imbibe what is necessary, things may start falling into places, as it happens when any new set of rules are put into force. To achieve that, efforts of those working at all levels are needed.

The departments: When we have the departments, we naturally need more faculties. Once we have the minimal faculty as required for post-graduate program, we should not wait for long to have minimal facilities and equipment to start the PG program (MD or DNB). In my opinion we should scrap the diploma programs (DPMR) and convert it to MD programs wherever possible since it neither gives any weightage in jobs nor gives any confidence to the person qualifying it to have completeness. Just having a PG diploma is not enough to become a faculty member to teach others, one can only practice. Perhaps we can restrict the PG diploma for those having other degrees like Orthopaedics, Surgery, Pediatrics or Medicine etc. as in the present feeder subjects for getting into PMR as faculty besides getting in after an MD/DNB in PMR. After having degrees in these subjects at institute like SKIMS, Srinagar and other places, it is essential to have a qualification of a PG Diploma in PMR. Guidelines to start MD or DNB in PMR again require some inputs. MD curriculum is pretty well drawn and is a welcome change from the previous ones. Establishing surgery, skills of intervention or diagnostic ones are all included so that you are not challenged as at places previously people were. Looking at the DNB curriculum, it seems we went too much over the board to lay very high standards. Someone failed to write if some skill is under the must know, good to know or may know category and some facilities must be there or should be there or will be good to be there. It sets the standard so high that it makes all the running departments in the country feel embarrassed and try to hide what they don't have as per those sky-high norms directed in the curriculum. When we used to lay down such standards in the past, we took into consideration

what can be easily done by a new department with bare minimum facilities. Of course, then the onus comes to the individual faculty and the departments who have skills in varied fields to develop facilities further and then in turn train others. Creating so high standards in the beginning itself is good from only one point of view to push the financiers and administrators to provide the right inputs in the beginning itself. It also brings the speciality to a level of respect. The questions raised by the critics are also well answered which otherwise they hesitate to let the newly qualified psychiatrist be allowed to perform certain procedures doubting their skills. Very high standards however prove like a deterrent in the way of both acquiring recognition to start a program or establish a department. Have those standards which are easy to achieve when people are just beginning. Looking at a few established departments for years and then starting a fresh department with mostly a freshly qualified specialist to work makes a lot of difference. Skills are acquired with time and opportunities by those having aptitudes. I give the example of RIMS, Imphal. Onetime it did not have any qualified faculty when I saw it in the 80s. Now over the years it became one of the departments in the country we envy. Learn from it, it has qualified, super-skilled faculty with facilities we only dream of having in our institutions. It is the drive they had we need to learn. Starting with Dr Wangjam having qualifications in Orthopaedics and then gradually each of the medical officers acquiring MD and DNB in PMR and now see, it is one of the most elite programs in the speciality with many firsts in the form of equipment, labs or skills paving way for the training of others. We have the examples of what skills were imparted during workshops in the previous conference and the ones lined up for this one. Additional programs of sports sprouting out of it and I am sure many more in the future. They have broken the distance, terrain and the remoteness barriers. If RIMS can do so much in such a short time, we all need to introspect as to where we are. Instead of feeling ashamed of ourselves, we should feel motivated to do more and keep doing more. That is the kind of spirit needed to grow the

speciality. If RIMS is taken as the benchmark, I am sure, most of the present departments of PMR would be derecognised. The point I wish to make is to start humbly, establish and then grow. Don't keep the highest goal as the first one. Go step by step to achieve. Don't feel embarrassed to start or let others to have a humble beginning by creating very high aims working as hurdles to begin with.

The departments and faculty: As an individual specialist, we have a lot that we can do for the brighter future of the speciality. Having established the department with whatever knowledge and facilities we had is one thing, we should feel proud of. At the same time, we need to remember that we are not the ultimate in knowledge and skill. We should respect others' opinions and try to keep learning from what they have. If we remember Dr WG Rama Rao's Fellowship, the purpose behind starting the fellowship by Dr Rama Rao was only this, "Learn from others and also spread the knowledge you have. Visit various places and do this exchange of knowledge". During that fellowship, I visited various PMR departments in the country like the Golden Triangle of the road networks is now laid down. Every time I have visited these again, I have learned from each person and each place something new. I have tried to put the new learnings from there into practice in the department where I worked. You need to have the curiosity of a student and not the false pride of 'I know everything' kind. We should treat our fellow colleagues in our own department as an asset and a hand to work with, but not as a stepping stone to climb on their shoulders and 'steal' their work and ideas to showcase yourself. Have respect for the fellow faculty and work like the soldiers. As soldiers in India, our aim is to protect our motherland; similarly, we, the faculty of PMR or the soldiers of PMR are to protect and reap our specialisation, PMR. Unless all of us join our hands and have strength of being together as one, others will find easy opportunity to divide and crush us. Many of us run away from opportunities to do something good for the speciality for personal gains. If our soldiers try to do that and desert the

forces, how can we ensure the defence of our motherland? At present, for the newer faculty, the need of the era is to establish more departments where we have the scope of producing more specialists. Meaning thereby, working in medical colleges or hospitals where the departments need them. Rather than crowding in the established departments having superfluous faculty by asking for transfer from the less established ones to the elite ones. With no malice towards anyone, seeking apologies from those whose examples I am giving here (of course without names), looking at one of the very established hospitals in Rajasthan, where the department is teeming with people actually posted in other smaller towns but having got their transfers done to the bigger city. If someone got a posting in a small town where the opportunities to establish a department were given, rather than taking the challenge and looking at the 'weak' spot in the speciality and trying to strengthen that area, the weak spot was left to die and the strong one having not much of a change with their coming there, enjoying the fruits of having some strings. That is like seeking peace area duty at the time of war. When we are into building our own house, would we go to build someone else's at that time, leaving ours? We have to look at the priorities. We have to ascertain the needs of our specialisation. First look at the mother who is nourishing us and then look for some greener pastures for ourselves should be our motto. Kindly refer to the editorial of IJPMR (October 2006), something proposed more than a decade and a half ago. It is still knocking at the door but there is no one to open the door or house the house. Please knock off the comforts of the comforters and venture to come out to work in the adversities.

As individual faculty: As a faculty, our prime responsibility is to train the post-graduates. PMR is hardly taught so far in majority of the medical colleges at the UG level. Students coming in have absolutely no idea of what PMR is when they take it up. When they come to join, it is our responsibility to give them the basic understanding of the subject

and what to expect from them rather than saying, "I can't give spoon feeding" or lecture the UG level to a PG. The initial understanding of the subject and bonding of the faculty to the PG in the initial stages of their career in PMR makes or mars the grooming of the PG in my experience. If the teacher is an example for the PGs, they will learn their ways more as an example set by the faculty than by preaching. Promotive rather than critical disapproval helps them learn more. When a question is asked from a student, we expect the student to read and come up with an answer rather than demeaning them by 'you don't even know this'. When students come back to seek answers, don't say 'that is a secret' without telling them either the answer or the resources to find it. As a teacher, it is our responsibility to share the knowledge with our students so that the knowledge and experience gained does not get buried with us in our grave. Share our knowledge and spread it across to multiply and derive further fruits. Don't miss out the time with the PG discussing cases and experiences to enhance their skills. Don't miss out the classes scheduled for them or just in case one of the students did not fall in line. Promote your students to learn what you expect them to learn. Show them the path, I am sure, students mostly surpass your expectations and shine brighter and go beyond your imaginations. It is a new subject, each faculty has different aptitudes and viewpoints, the ultimate motto should be to make students one step ahead of yours. One should not be having the fear of a wrestler who is teaching his disciples the 'tricks' fearing that the student might defeat him if he wrestles back with the teacher. I feel proud that most of my students have excelled way beyond my knowledge, capabilities or achievements. I have no hesitation in asking my students something they have learned and I have not come across.

The student: As a student of PMR is a bigger challenge. At many places, it is a newer branch where there are no seniors and the environment around is ignorant; having no knowledge about what is PMR. I was the first batch student at Safdarjung Hospital, New Delhi having no senior to guide what to read

and how to go about. People do not know your subject as most of the medical students don't, it might leave you keeping on wondering where we have come. The identity crisis bothers many even after many years of being in the subject. The only thing you need to understand is that, the beauty of PMR is that almost every household has someone who needs the services of a PMR specialist. Secondly, there is no one in the medical field, who keeps working with the patient till he gets back into functioning into life. Most medical fields work with the patient till the ailment is treated, irrespective of the fact whether the patient has any remnant effects of the illness in the form of any impairments etc. Nobody bothers how the patient will live with those other than the PMR specialist. From the patients' point of view, PMR specialist is a lifelong friend and a guide besides a doctor. I have cherished this over all my life and I feel very proud of it. When others don't know what you are and what you do, it is not your fault, it is their lack of knowledge. Don't feel discouraged to have recognition by keeping on blowing your trumpet or feeling agitated to tell others what you do. Let an opportunity come when they need your services and by your actions and advise they shall get that knowledge. In that case, it would be your actions on the basis of which they would know who you are and not by your sweet talks or explanations of blurts of angers trying to make them understand in a frustrated manner. The subject of PMR is so vast that it never ends. Towards the end of my PMR diploma, just before the examinations, I had a heap of 32 books aligned on my bed to read. We do not have enough knowledge compiled in one book which can be called like the 'Bible' of PMR. We have to read other subjects related to the conditions we deal with. The knowledge base needs to be vast and so are our skills to be sharpened. We have something or the other to say for patients being treated in other disciplines of medicine. Since we work with human functioning in altered bodily functions and structures, our domain merges with many subjects. We should have basic knowledge about the conditions we might have to face for altered functioning of the human being as

a whole. In addition, we also learn how to better the functioning of the human being placed in a society. Our responsibilities and armamentarium to treat different conditions are also diverse. First thing is to imbibe knowledge well to be able to deliver. While doing so we have to remember that, to enable our advice to have better impact, we ought to do it with our convincing skills with a human touch. And if we do our job well, it is then others will know how well we handle human beings to make them get back to their feet (both literally as well as physically). It is this word of mouth and the precision of our actions that others will catch to spread the knowledge about what is PMR and not our far outcries, lectures and awareness campaigns about the subject, which derive no fruits as I have seen it. This challenge has been there in my life in PMR over forty years and was there when PMR was started by Dr Howard Rusk in the US and shall remain to be there for whatever reason. Let's not get put off by that. We know what we do and people shall know about us when we deliver goods rather than only by advertisement. I am proud of my students going out in the institutions, hospitals, medical colleges etc. where no one knew about PMR and they have established the department in different parts of the world. Many of the students who shall pass out in the next decade or so might become the pioneers to start many more departments without having anyone to guide them in their own departments. Hence, in addition to the knowledge you would gain in the subject, learn the skills of convincing others and the skills of planning how to establish a department from the scratch and grow from whatever little we have. It is a big challenge but not a difficult one. Remember, everyone in his/her life has a number of apprehensions. One learns to overcome and/or live with the problems. Life is never smooth for anyone. We only see our problems as problems and imagine others sailing smoothly in their lives.

Managing establishment and growth: When we are faced with achieving something big, we are mostly left alone or feel as if no one is trying to listen to us. When there are matters such as expansion of the

department, getting more funds, more equipment or looking towards the state or the national objectives, never stay quiet. Make plans and project them with the right figures. It is easier if you are expanding your department and say you wish to increase seats, just look at the guidelines and try to surpass those so that even if you fall short, you still have something you can build on. You might feel like having someone to hold your hand. First of all, it is your confidence, second is the strength given by the Almighty, third is your colleagues (many a times, unless you are lucky and tactful to have good relations, they may not stand by you) and seniors to help you guide and walk along and then are the people you know. How to have the people who matter to know you is to have networking as it is called in management. Learn the networking skills as most management students learn to use to do their jobs effectively. If you yourself are not the networking kind or are choosy, you may not like to venture yourself, depute someone you trust which may fail mostly because the other person may not do what you are aiming at but may modify everything to suit himself ignoring you. This is quite likely in a majority of the cases. Very few walk along with you to support you until their personal objectives are met. Here, networking, tact, social skills and your level head matters. At all levels, beware of people around you who may ditch you or cheat you without even giving you any hints. If you wish to pull some strings here and there for the upliftment of the speciality, this is the best place to pull rather than using them only for your personal gains. Many a times, personal gains automatically come when you achieve something satisfying. However, it is a relative subject. Here, given the choice, remember who we are working for, our motherland/equivalent speciality and not for self.

The selectors: When we go for selection of candidates for a particular post, we try to push our judgement on what is best for the student. A candidate may have a choice of working in one institution when asked about why he would like to choose a particular institution. He may either

ask for the one close to his home or the one of his dreams. Forcing the candidate to 'choose' what you think is right is absolutely uncalled for. It did happen more than once that I can recall. In one instance, a candidate was selected in institution A. Before he joined, another place where he was called for interview in institution B. One expert was the same in both the selection committees. The candidate did well in the Institution B as well and was recommended by most but the expert told the selection committee that the candidate was already selected in Institution A why should we select him in B. The result was that the candidates were not offered the position of their choice leaving them utterly frustrated. This way, we have lost very good brains and hands from good institutions because of such whims of the experts at the interviews. We should neither consider ourselves as 'gods' or 'advisors' to the prospective candidates but only serve as expert to choose the best for the institution for the sake of the speciality and leave the choice with the deserving candidates to make a decision on where they wish to work for the betterment of the future of the speciality.

The inspectors: When we go as inspectors to inspect standards, we are many a times faced with the difficulty of finding the inspection forms 'copied' from the one made for some other speciality, as is happening these days with our subject having a form copied from Pulmonology. I have also faced similar issues when doing similar work in the past. Facing such issues, I used to write in the inspection form that such and such information is not relevant to the subject and also advise the authorities to modify the form with complete suggestions of eliminating or adding information as pertinent. Don't try to morph or 'accept' something wrong or not related. We can bring the change at that position than accepting something grossly wrong and unacceptable. We can't take sub-standards erode our speciality if someone else is not taking care. Bring the change that is needed at your level even if it takes a bit of time. Out of the numerous inspections I have done, I have never ever given anything which was not

relevant to the subject go as acceptable or irrelevant information filled as asked for. On the other hand, at my own level, I have added more information which was required but not asked for in the form. This way, we can keep on gradually changing the 'wrong' forms.

Super specialization: When a speciality starts, it is natural for us to keep growing. When it attains a level, we need to branch out to sub-specialities or super-specializations. Many of us are striving very hard to develop super-specializations like DM programs in Neuro-rehabilitation, spinal cord injury, cerebral palsy, pain management, stroke, TBI, rheumatological rehabilitation besides fellowship programs in varied subjects. If we look at the need of the hour where we are grossly short in the numbers of the specialists or those with adequate PG training to hold positions in the PMR departments. If we have super-specializations at the present level, it would keep having the gap in the demand and supply as it is there presently. What we need is that, if the positions of PMR available in the medical colleges are filled, sooner we shall be able to start further post-graduate courses to fulfil the demand. If we have more super-specializations, those passing out would keep on trying to get to them. They shall then try to get absorbed in the super-specialized institutions without catering to the demands of the core PMR departments. The wants of the PMR would keep on getting prolonged. After we are near saturation only then we should start such courses formally. I have seen the best brains not in the mainstream PMR for many years since they keep on looking for opportunities in such institutions offering super specializations. I don't wish to stop having that dream being realized prior to meeting the demand of basic PMR post-graduation. Otherwise, we might just have a longitudinal growth rather than providing a wider coverage. It is a good idea at present to keep on enhancing our skills in the newer areas and keep working towards developing further facilities to start the super specializations in future but don't rush having them. Having fellowships in necessary skills should be promoted however.

Research: Nothing can prosper if there is no research. Sitting in the department doing meta-analyses is no good from the point of view of real research. Do something which has a meaning for the society like Dr SK Varma, who developed the squatting limb prosthesis as per the need of the Indian population working in squatting and sitting cross-legged. Jaipur foot was made to make the technology suited to the Indian lifestyle by Dr Sethi. Numbers of other innovations and research works have been conducted keeping in view the burning problems of the country based on population surveys or lessons learned from the community studies. If research outcomes are for the benefit of the community, the subject will be better known in the peer group of doctors and other researchers and technologists. To earn respect, research is the key. I remember while I was being interviewed in England during my fellowship, I was asked about the research work I had participated in. They ignored our technical advances but were impressed by our community-based research work because that let us direct our resources to the actual needs rather than some fancy work not having any implications in the society. Mix with others having imagination and extend that imagination into collaborations as we did with IIT Delhi to develop various devices including a couple of patents with at least one being awarded by the international researchers.

Publication and our Journal: When we do research, publish it. If we compare our inputs into work and research, the output of papers published is very low. We should be ashamed of ourselves at the dishonour given to the time and inputs into research without such output. When we do quality research, we produce good papers and publish them in our journals, naturally our journals shall be respected and earn the reputation of indexing. It is not the editor alone who can bring the journal out without good papers from you and then you only scolding the editor for not having the indexing. It is a paradox. If we send quality research papers in our own journal and keep on sending them, our only loss for some time will only be not having

much weightage of publication as the journal is not indexed presently. Let this be the investment for the future to have our own journal where we can publish papers relatively with ease than publishing in the predatory journals investing a lot of money for a single publication only to have our minimal requirement for that promotion. Why don't we work simultaneously to have the rules changed by those in NMC and the like who made a particular indexing mandatory. Earlier, for such promotions, we used to have Indian journals of the scientific associations at the national levels be accepted at par with the indexed foreign journals. Now, the UGC has diluted the guidelines on the necessity of publications on the research work conducted for the PhD on the basis of this only.

Books: Write books of our own. Unfortunately, we are dependent on books from the west with their values and assessment techniques. When we start writing, we just copy-paste material for the sake of convenience without putting our brains, experience or the demand in sight. If we have our own standards based on the local needs, it would make the lives of many of our students and physiatrists easier, besides bringing the books within the easy reach. Our experience of bringing in the book by our association with experienced faculty is still

remorseful. While writing chapters of our book, many of us instead of writing out of our hearts and experience polished with the latest references, the chapters we wrote are marred with copy-paste from here and there. What kind of people are we, do we continue to eat the food left half eaten by others like beggars; don't we have the capacity in our brains to cook good quality sanitized food in the form of worthy education material? We all are gifted souls by the Almighty who made us doctors; we are treating patients with the skills learned over a period of time, why do we have to look westwards for the half-eaten food to be thrown at us to consume. In India we know the value of food prepared with a prayer on our minds with purity and here the food for our mind is ingested spoilt and contaminated. Let the food for our thoughts and actions (chapters in our book) be prepared with purity to make our knowledge acquisition (book) with religious sanctity.

In the end, if you ask me, did I give you any solid directions to work on for the speciality in the literal sense, I would say no. But at the same time, you will form your directions with these guidelines for a brighter future of the speciality for sure, I am confident. Wish you all the very best to develop the speciality I love without any conditions.