ESSENTIAL ARTICLES
IN PHYSICAL MEDICINE
& REHABILITATION TRAINING

2004-2010 Update

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INTRODUCTION

This collection is built upon the foundation of “Essential Articles” compiled by Dr. Gerard Francisco and a group of dedicated PM&R program directors and residents several years ago. The original collection included publications from 1980 to 2003.

Doctor Francisco passed the torch to me and I was fortunate to get help from the core group that created the original document.

We agreed to keep the same intent and criteria:
1. “Essential Articles” are defined as those articles that a PM&R resident should have read or at least be familiar with by completion of training;
2. Only articles from 2004 to the present are included in this iteration, in order to provide an update and keep the list manageable;
3. Original research and review articles are considered;
4. Book chapters and the AAEM mini-monographs are not included.

We hope that learners and educators will use this update together with the original “Essential Articles” collection.

I am indebted to the original authors who again shared their own lists and assisted in assembling the final compilation: Terry Massaglia, James Sliwa, Mary Ann Miknevich, Lynn Weiss, Adam Stein, Noel Rao, Viviana Tastard, and Catherine Spires; NYU/Rusk faculty Ira Rashbaum and Jonathan Whiteson; our excellent residents Matt Diamond, JR Rizzo, Anjali Sinha, and Jeff Heckman; my assistant director Safia Khan for preparing and editing the draft; Gerard Francisco for inspired guidance and practical advice; and my chairman Steven Flanagan for his generous support and encouragement.

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CARDIAC REHABILITATION

PULMONARY REHABILITATION


MUSCULOSKELETAL/ LOW BACK PAIN


PAIN (OTHER THAN LOW BACK PAIN)


**Collaborative care for chronic pain in primary care: A cluster randomized trial.** Dobscha SK, Corson K, Perrin NA. JAMA. 2009; 301(12) 1242-1252.


Bone, Joint, and Connective Tissue Disorders


PROSTHETICS, ORTHOTICS, ASSISTIVE DEVICES, GAIT


An evaluation of patient perceptions to the value of the gait laboratory as part of the rehabilitation of primary lower limb amputees. Cole M J, Durham S, Ewins D Prosthetics and orthotics international. 32.1, 2008: 12-22.


Power mobility device provision: Understanding medicare guidelines and advocating for clients. Dicianno BE, Tovey E. Archives of Physical Medicine and Rehabilitation 88.6, 2007: 807-16.


Gait changes over time in stance control orthosis users. Irby SE, Bernhardt KA, Kaufman KR.


Targeted reinnervation to improve prosthesis control in transhumeral amputees. O'Shaughnessy KD. A report of three cases. 90.2, 2008: 393-400.


Falls sustained during inpatient rehabilitation after lower limb amputation: prevalence and predictors. Pauley T, Devlin M, Heslin K. American Journal of Physical Medicine & Rehabilitation / Association of Academic Physiatrists 85.6, 2006: 521, 32


Changes in muscle activity in children with hemiplegic Cerebral palsy while walking with and without ankle-foot orthoses. Romkes J, Hell AK, Brunner R. Gait & posture 24.4, 2006: 467-


Traumatic Brain Injury

General BI


Outcome


Seizures


**Depression**


**Abnormal Movements**


Loher TJ, Krauss JK. Mov Disord. J Head Trauma Rehabil.


**Sleep Disturbances**


Dysautonomia


Cognition/Behavior


Levy M,

**Pain/HA**


**DVT and HO**


Deep vein thrombosis: prevalence and risk factors in rehabilitation admissions with brain


SPINAL CORD MEDICINE

All Clinical Practice Guidelines from Consortium for Spinal Cord Medicine (Paralyzed Veterans of America):

- Bladder Management for Adults with SCI
- Preservation of Upper Limb Function
- Respiratory Management
- Depression
- Neurogenic Bowel Management in Adults with SCI
- Outcomes Following Traumatic SCI
- Acute Management of Autonomic Dysreflexia
- Pressure Ulcer Prevention and Treatment
- Prevention of Thromboembolism in SCI
- Early Acute Management in Adults with SCI


STROKE


NEUROMUSCULAR AND MOTOR NEURON DISORDERS AND
NEUROPATHIES


ELECTRODIAGNOSIS


Hard work never hurt anyone: or did it? A review of occupational associations with soft

Randomized controlled trial of nocturnal splinting for active workers with symptoms of carpal tunnel syndrome. Werner RA, Franzblau A and Gell A Archives Of Physical Medicine And Rehabilitation 86: 1-7, 2005.

CANCER REHABILITATION


OTHER REHABILITATION TOPICS

Multiple Sclerosis

Physical and cognitive functioning after 3 years can be predicted using information from the diagnostic process in recently diagnosed multiple sclerosis. Functional prognostication and disability (FuPro) study group. de Groot V, Beckerman H, Uitdehaag BM, Hintzen RQ, Minneboo A, Heymans MW, Lankhorst GJ, Polman CH, Bouter LM. Arch Phys Med Rehabil. 2009 Sep; 90(9):1478-88.


