

Knowledge of Physical Medicine and Rehabilitation among Medical Graduates in Kolkata, India: A Cross-sectional Study

MAUSUMI SEN¹, SHUVANKAR MUKHERJEE², SUKANTA MAJUMDAR³, TANMOY NASKAR⁴, SWAPAN MISHRA⁵

ABSTRACT

Introduction: With the changing demographics and increasing burden of chronic diseases and their consequences, there is increasing need for rehabilitation care. But unfortunately there is lack of knowledge and awareness about Physical Medicine and Rehabilitation (PMR) among healthcare professionals including Indian Medical Graduates (IMG) and medical students.

Aim: To evaluate the basic knowledge and perception regarding PMR among IMGs at a Medical College in Kolkata, India.

Materials and Methods: This cross-sectional study was conducted among interns posted at the Department of PMR, Calcutta National Medical College, Kolkata, West Bengal, India from May 2023 to April 2024. Altogether 165 out of total 200 interns of the current batch filled up an anonymous, pretested, predesigned, structured questionnaire. Prior ethical clearance was obtained from Institutional Ethics Committee. The questionnaire had 20 items, of which 15 were about knowledge pertaining to different aspects of PMR and two questions on the participant's opinion regarding inclusion of PMR in undergraduate medical curriculum and PMR as a good option for pursuing a postgraduate course in future. The remaining three items are on participant's age, sex and sources of knowledge

regarding PMR. Data were analysed using Statistical Package for the Social Sciences (SPSS) version 20.0. Chi-square test was used to compare between male and female participants regarding their opinion about inclusion of PMR in undergraduate medical curriculum and their willingness to pursue PMR as a postgraduate course in future, at 5% significance level.

Results: The study showed that 75.2% (124/165) of the participants had correct knowledge about the full form of "PMR". But only 27.9% (46/165) could correctly identify "physiatrist" as the team leader of the rehabilitation team. Eighty three percent (137/165) of them were knowledgeable about the level of prevention, the term "rehabilitation" represented. However, only 30.3% (50/165) and 31.5% (52/165) knew the meaning of "disability" and "handicap" respectively. It was observed that 34.5% (57/165) were aware about when to start rehabilitation for any clinical condition. About 33.9% (56/165) had the correct idea that PMR interventions can improve Quality of Life (QOL). Majority was found to be unsure about inclusion of PMR in undergraduate curriculum and whether to pursue PMR in post postgraduate course.

Conclusion: There was gross lack of knowledge regarding PMR among the participating interns.

Keywords: Disability, Handicap, Prosthesis, Tertiary prevention

INTRODUCTION

The PMR is a medical speciality which involves the diagnosis and treatment of physical and functional disorders affecting mainly musculoskeletal, neuromuscular, cardiopulmonary or other system that may produce temporary or permanent impairment or disability [1,2]. PMR is used to promote a person's QOL through a holistic approach aiming to prevent or reduce complications and to optimise individual functioning in order to enable her/him for social participation [3].

It is also known as Physical and Rehabilitation Medicine (PRM) or Rehabilitation Medicine [4]. Rehabilitation is an interdisciplinary field which helps a person to reach the highest possible range of functional ability by combined and coordinated use of medical, social, educational and vocational measures consistent with her/his psychological, physiological or anatomical impairments through comprehensive and multidisciplinary team approach with the goal of improvement of function and adjustment of disability rather than cure of the diseases [5,6].

There is a rapid epidemiological transition with a large burden of chronic and non communicable diseases like diabetes mellitus, cardiovascular diseases, cancer, stroke, chronic lung diseases etc., in India [6]. Different epidemiological studies show that there is a trend of progressive increase in life expectancy. This increased

number of elderly people with associated co-morbidities faces various problems with functional impairment [6]. There is also increasing incidence of trauma like Road Traffic Accident (RTA) or other injuries in India and young people are often the victims of accidents like RTA [6].

But with advanced medical science and modern technological support survival from life threatening illness or injury has been increased leaving an increasing number of people with chronic disabling state with compromised QOL. So, there is a growing demand for comprehensive rehabilitation care for these patients [7,8].

Since its recognition as a medical speciality by the American Board of Medical Specialities in 1947 [1], the Department of PMR has been established in different countries and tremendous effort by many rehabilitation specialists has changed the outlook towards PMR today. Postgraduate curriculum has been established in different Medical Colleges in India. Compulsory rotatory internship has been started as per Medical Council of India (MCI) and National Medical Commission (NMC) guidelines in the Department of PMR. Despite their unquestionable importance, the concepts of rehabilitation care are relatively unknown to medical students as well as IMGs. Medical students, educated under the current approach to conventional medical care learn various kinds of diseases, their diagnosis and

treatment during their undergraduate curriculum [9]. But they may have limited exposure to PMR compared to most other specialties [10]. There is also a lack of knowledge in respect to concepts and management skills of disability as PMR is not a mandatory subject in undergraduate curriculum till date [11]. Interns face some difficulties when they used to come to department of PMR during their internship. It was observed that lack of physician's orientation about rehabilitation principles and as a consequence of which delayed transfer of patients to rehabilitation facilities can lead to various complications. Therefore the need for rehabilitation education for undergraduate medical students is advisable [9]. Though some studies in different countries are available on the assessment of the awareness about PMR and its different aspects, literature is scarce regarding the same in India [12-16]. Hence, the present study was conducted with a objective to evaluate the basic knowledge and perception regarding PMR among IMGs at a Medical College in Kolkata, West Bengal, India.

MATERIALS AND METHODS

This cross-sectional, analytical study was conducted at the outpatient department of PMR, Calcutta National Medical College, Kolkata, West Bengal, India from May 2023 to April 2024. Prior ethical clearance was obtained from Institutional Ethics Committee (reference no. EC-CNMC/41).

Inclusion criteria: The study was conducted among the interns posted at the department of PMR. Complete enumeration technique was adopted and all interns were thus approached and only those who expressed their willingness to participate in the study and gave informed consent were included in the study.

Exclusion criteria: Interns from previous batch who were posted on extension along with the current batch during the study period and those interns from the current batch who submitted incompletely filled up questionnaires were excluded from the study.

On an average four to six interns were posted at the department of PMR per week. Those who met the inclusion criteria were requested to fill up an anonymous, pretested, predesigned, structured questionnaire and put it in a drop box in the department. In this way altogether 165 out of total 200 interns of the current batch, completed the questionnaire and were finally included in the study.

The questionnaire had 20 items, of which 15 were about knowledge pertaining to different aspects of PMR and two questions on the participant's opinion regarding inclusion of PMR in undergraduate medical curriculum and PMR as a good option for pursuing a postgraduate course in future. The remaining three items were on participant's age, sex and sources of knowledge regarding PMR [Annexure-I]. The questionnaire was validated for appropriateness by senior faculty members of the departments of PMR and Community medicine at Calcutta National Medical College, Kolkata, West Bengal, India.

STATISTICAL ANALYSIS

Data were analysed using SPSS Windows version 20.0; [IBM Corp, Armonk (NY), US]. Chi-square test was used to compare between male and female participants regarding their opinion about inclusion of PMR in undergraduate medical curriculum and their willingness to pursue PMR as a postgraduate course in future, at 5% significance level.

RESULTS

The response rate among the interns to participate in the present study was found to be 82.5% (165/200). Among those who participated, 66.7% (110/165) and 33.3% (55/165) belonged to ≤ 24 and ≥ 25 years age group, respectively. Out of them 62.4% (103/165) were males and 37.6% (62/165) were females [Table/Fig-1]. The mean age of the study subjects was 24.21 ± 1.08 years.

Age group (years)	Sex	
	Male Number (%)	Female Number (%)
≤ 24 (n1=110)	62 (56.4)	48 (43.6)
≥ 25 (n2=55)	41 (74.5)	14 (25.5)
Total (n=165)	103 (62.4)	62 (37.6)

[Table/Fig-1]: Age and sex wise distribution of the study subjects (n=165).

On assessing the knowledge on the discipline PMR among the study participants, it was found that 75.2% (124/165) and 85.5% (141/165) of them respectively had the correct knowledge about the full form of the abbreviation "PMR" and the "components of activities" under it. But at the same time it was also found that only 27.9% (46/165) could correctly identify "physiatrist" as the team leader of the rehabilitation team under PMR. Eighty three percent (137/165) of them were knowledgeable about the level of prevention, the term "rehabilitation" represented. It was also observed that 86.1% (142/165) of them knew what "prosthesis" meant and around 84.2% (139/165) were aware of what "rehabilitation intervention" comprised of. However, only 30.3% (50/165) and 31.5% (52/165) knew the meaning of "disability and "handicap" respectively and only 33.3% (55/165) responded correctly about which among former two i.e., disability and handicap, was more difficult to assess. At the same time, only 34.5% (57/165) were aware about when to start rehabilitation for any clinical condition. Just about 40% (66/165) made a correct response about the "bench mark disability" under Rights of Persons with Disabilities (RPwD) Act 2016. It was further observed that only 33.9% (56/165) had the correct idea that PMR interventions can improve QOL, while only 29.1% (48/165) could correctly identify "social barrier" as the major limitation in rehabilitation outcome [Table/Fig-2].

Knowledge items	Correct response Number (%)	Incorrect response Number (%)
1) PMR means	124 (75.2)	41 (24.8)
2) Components of activities under PMR	141 (85.5)	24 (14.5)
3) Team leader of rehabilitation team under PMR	46 (27.9)	119 (72.1)
4) Rehabilitation comes under which level of prevention	137 (83.0)	28 (17.0)
5) Rehabilitation intervention includes	139 (84.2)	26 (15.8)
6) Disciplines involved in rehabilitation team	100 (60.6)	65 (39.4)
7) Professionals involved in rehabilitation team	84 (50.9)	81 (49.1)
8) Disability means	50 (30.3)	115 (69.7)
9) Handicap means	52 (31.5)	113 (68.5)
10) Handicap or disability, which is more difficult to assess	55(33.3)	110(66.7)
11) Prosthesis means	142 (86.1)	23 (13.9)
12) Under RPwD Act 2016, the bench mark disability refers to	66 (40.0)	99 (60.0)
13) PMR interventions can improve QOL	56 (33.9)	109 (66.1)
14) Major limitation in rehabilitation outcome	48 (29.1)	117 (70.9)
15) Rehabilitation of any clinical condition should start from	57 (34.5)	108 (65.5)

[Table/Fig-2]: Knowledge of the study subjects about the physical medicine and rehabilitation (n=165).

While assessing their opinion on whether PMR should be included in undergraduate course, majority of the participants (58.8% (97/165)) were found to be "not sure" about it and when compared between males and females, no statistically significant difference came out (p -value=0.52) [Table/Fig-3]. Similarly majority of the participants (55.2% (91/165)) were unsure about whether they would pursue PMR in PG course or not. Regarding this also the opinion of males and females did not vary significantly (p -value=0.24) [Table/Fig-4].

Sex	PMR to be included in undergraduate course		
	No	Not sure	Yes
Male (n1=103)	17 (16.5)	61 (59.2)	25 (24.3)
Female (n2=62)	7 (11.3)	36 (58.1)	19 (30.6)
Total (n=165)	24 (14.5)	97 (58.8)	44 (26.7)

[Table/Fig-3]: Sex-wise opinion of the study subjects regarding inclusion of PMR in under-graduate course (n=165).

Sex	PMR could be a good option to be pursued as a postgraduate course		
	No	Not sure	Yes
Male	20 (19.4)	61 (59.2)	22 (21.4)
Female	19 (30.6)	30 (48.4)	13 (21.0)
Total	39 (23.6)	91 (55.2)	35 (21.2)

[Table/Fig-4]: Sex-wise distribution of the study subjects regarding their opinion on PMR as a good option to be pursued as a post-graduate course (n=165).

Majority of the participants {41.8% (69/165)} mentioned preparatory courses for postgraduate entrance examination as their main source of knowledge regarding PMR, followed by Google search {30.9% (51/165)} and from Community Medicine and Orthopaedics curriculum {22.4% (37/165)} while pursuing MBBS course [Table/Fig-5].

Source	Number (%)
Preparatory courses for postgraduate entrance examination	69 (41.8)
Google search	51 (30.9)
Community Medicine and Orthopaedics curriculum	37 (22.4)
Referral from other departments	20 (12.1)
Seniors	9 (5.4)

[Table/Fig-5]: Source of knowledge regarding PMR among the study subjects (n=165)*.

*Multiple responses

DISCUSSION

The present study aimed at assessing the new IMGs (current intern batch at the time of the study period) regarding their awareness and perception about PMR and its certain basic aspects. While doing this it was found that although a good proportion of the study participants were familiar with the term PMR and its component of activities, only small number of them (27.9%) could correctly identify physiatrist as the team leader of the rehabilitation team. This might be due to the possibility that they were unfamiliar with term "physiatrist". Also, only a small proportion of them (33.9%) had the correct idea that PMR interventions can improve QOL which was most probably due to the fact that they had no early clinical exposure to the subject PMR prior to their posting in this department.

Tederko P et al., in their study from Warsaw, Poland reported that that about 33% of the medical students knew about PMR just about 55% of them could perceive the role of PMR specialist as team leader in the management of persons with disability [12]. Al-Washmi AH et al., from Saudi Arabia found that 60% of the medical students were familiar with PMR, however only 9% of them knew that PMR specialist is called a physiatrist and only 17% believed that PMR can actually enhance QOL [13]. Similar studies from Isfahan, Iran and Morocco also revealed a low knowledge about PMR [14,15]. Singh N, observed that only 15% of the study participants knew that a postgraduate in the subject PMR is called a physiatrist [16]. Jadid MA et al., also found that majority of the participants were aware about PMR [17]. Le B and Parziale JR, reported that 53% of the respondents were familiar with the acronym PMR. Sixty-one percent were not familiar with the type of patient population that PMR caters for [10]. Kumar D et al., observed satisfactory knowledge and attitudes toward disabilities among the participating healthcare personnel [18].

Majority of the participants in the present study could not correctly recall the meaning of "disability" (30.3%) and "handicap" (31.5%),

a finding that is nearly similar to that observed by Tederko P et al., where just about half of the medical students could correctly define disability in a person [12].

Also, it was observed in the present study that majority of the participants were unsure whether PMR should be included in the undergraduate curriculum (58.8%) or whether PMR could be a good career option to be pursued as a postgraduate course (55.2%). Al-Washmi AH et al., reported that only 38.5% of the medical students opined for inclusion of PMR in undergraduate curriculum, while 37.5% of them were unsure about it and only 21% expressed their willingness to specialize in PMR in future [13]. Study by Khosrawi S et al., revealed that only 7.3% of the medical students felt it necessary to include PMR in the undergraduate curriculum. In this study, 32% of the participants felt that specialised courses of physical medicine should be offered during their medical education [14]. However, Emami Razavi SZ et al., in their study reported positive opinion expressed by medical students on usefulness of PMR in undergraduate course [9]. Study by Singh N, also showed that more than 90% of the participants agreed to the inclusion of PMR in the undergraduate curriculum [16]. Tolu S et al., observed that 57% of the participating residents planned to pursue fellowship training in PMR [19]. Gonzales JAA et al., from Manila, Philippines reported that majority of the participants showed a high level of interest about this speciality [20]. However Anand R and Sankaran PS from India found in their survey that only 1.2% of the participants (medical students and interns) opted for PRM as most likely choice for career preference [21].

Only a small proportion of the participants (34.5%) in the present study were aware about when to start PMR interventions for any clinical condition. Majority of them (70.9%) could not identify social barrier as the major limitation in rehabilitation outcome. As future clinical consultants, the present study participants will thus be lacking in the knowledge of proper use of PMR interventions for the wellbeing of the patients. On the other hand access to rehabilitation is a basic human right and it should be made available to all sections of society. Hence, principles of rehabilitation should be promoted in undergraduate medical education and should be taught to all medical students [8]. However, in undergraduate curriculum PMR is under represented in comparison to other Medical and Surgical disciplines [22]. Researchers had observed that medical students often have just borderline knowledge of PMR and mostly becomes aware about its existence as a separate specialty during their internship [7]. Raeissadat SA et al., in their study suggested that a short training course in PMR might be an effective method to increase the knowledge and skill in PMR as well as to provide a chance to be acquainted with people with disabilities [23]. Early familiarisation with PMR in MBBS curriculum with various lectures, workshops, Continuing Medical Education (CME) program may improve the knowledge and skill of medical graduates [8]. Redepenning DH et al., reported that the most frequently mentioned factor that had a positive impact on creating interest in PMR was early exposure. Clinical posting during internship also imparts a positive impact but found to be most effective when it was combined with early clinical exposure to the subject [24].

Limitation(s)

The limitation of the present study lied on the fact that it had only included interns of a single batch of new IMGs of a single institution. A multicentric/institutional study could have produced a clearer assessment outcome, which the authors contemplate to do in near future.

CONCLUSION(S)

The present study concluded that knowledge regarding the basic concepts of PMR were lacking in quite a large proportion of the study participants. They also had no clear idea about the usefulness of including PMR in the undergraduate medical curriculum or pursuing a specialty career in this subject in future.

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PARTICULARS OF CONTRIBUTORS:

1. Associate Professor, Department of Physical Medicine and Rehabilitation, Calcutta National Medical College and Hospital, Kolkata, West Bengal, India.
2. Associate Professor, Department of Community Medicine, Calcutta National Medical College and Hospital, Kolkata, West Bengal, India.
3. Associate Professor, Department of Community Medicine, Calcutta National Medical College and Hospital, Kolkata, West Bengal, India.
4. RMO cum Clinical Tutor, Department of Physical Medicine and Rehabilitation, Calcutta National Medical College and Hospital, Kolkata, West Bengal, India.
5. Professor, Department of Physical Medicine and Rehabilitation, Calcutta National Medical College and Hospital, Kolkata, West Bengal, India.

NAME, ADDRESS, E-MAIL ID OF THE CORRESPONDING AUTHOR:

Dr. Shuvankar Mukherjee,
18, East Road, Jadavpur, 2nd Floor, Kolkata-700032, West Bengal, India.
E-mail: mukherjeesm2012@gmail.com

AUTHOR DECLARATION:

- Financial or Other Competing Interests: None
- Was Ethics Committee Approval obtained for this study? Yes
- Was informed consent obtained from the subjects involved in the study? Yes
- For any images presented appropriate consent has been obtained from the subjects. Yes

PLAGIARISM CHECKING METHODS: [Jain H et al.]

- Plagiarism X-checker: Nov 05, 2024
- Manual Googling: Jan 08, 2025
- iThenticate Software: Jan 16, 2025 (7%)

ETYMOLOGY: Author Origin

EMENDATIONS: 6

Date of Submission: **Nov 04, 2024**
Date of Peer Review: **Dec 13, 2024**
Date of Acceptance: **Jan 18, 2025**
Date of Publishing: **Feb 01, 2025**

[Annexure-I]**Questionnaire**

1. What is your age (in years) -----
2. What is your sex: Male/ Female/ Others
3. PMR Means: a) Physical Medicine and Rheumatology; b) Primary Medicine for Relief; c) Primary Medicare and Rehabilitation; d) Physical Medicine and Rehabilitation.
4. Components of Activities under PMR are: a) Prevention; b) Diagnosis; c) Rehabilitation; d) All
5. Team leader of rehabilitation team under PMR is: a) Physicist; b) Psychiatrist; c) Physiatrist; d) Atheist
6. Rehabilitation comes under which 'Level of Prevention': a) Primordial; b) Primary; c) Secondary; d) Tertiary
7. Rehabilitation Intervention includes: a) Medical measure; b) Sociovocational measure; c) Educational measure; e) All of the them.
8. Disciplines Involved in Rehabilitation Team: a) PMR only; b) PMR and orthopaedics; c) PMR and Neurology; d) PMR and any other medical specialities
9. Professionals involved in rehabilitation team are: a) Physiotherapist; b) Prosthetist and Orthotist; c) Speech Language Pathologist; d) All.
10. Disability means: a) Loss of function; b) Inability to do a work; c) Both; d) None.
11. Handicap means: a) Inability perform expected activities; b) Inability to play social role; c) Loss of organ specific function; d) None.
12. Handicap is difficult to assess than assessment of disability: a) True; b) False.
13. Prosthesis means – a) replacement of anatomical part b) Replacement of physiological part c) Replacement of biochemical part d) Replacement of mechanical parts
14. Under RPWD Act 2016 The Bench Mark Disability refers to – a) $\geq 20\%$ b) $\geq 30\%$ c) $\geq 40\%$ d) $\geq 50\%$
15. PMR Interventions can improve Quality Of Life: a) Yes b) No
16. Major limitation in rehabilitation outcome is: a) Social barrier; b) Economical barrier; c) Communication barrier; d) Structural barriers.
17. Rehabilitation of any clinical condition should start from: a) Acute phase of illness; b) Subacute phase of illness; c) Chronic phase of illness; d) After development of disability.
18. Do you want PMR to be included as a regular subject in the undergraduate medical curriculum? Yes/No
19. Do you consider PMR as a good option to be pursued as a postgraduate course? Yes/No
20. What are the sources of your knowledge about PMR? _____