

**Manual M-2, Clinical Programs. Part VIII, Rehabilitation Medicine Service**

**Part VIII name changed to: Physical Medicine and Rehabilitation Service**

**By: VHA Directive 10-93-071, dated June 17, 1993**

**Chapter 2, RMS (Rehabilitation Medicine Service) Bed and Consultation Services  
(Paragraphs 2.01 through 2.04)**

**Rescinds earlier revisions and changes of Chapter 2**

This document includes:

Title page and title page verso, dated **October 7, 1992**  
Contents page for M-2, Part VIII, dated **October 7, 1992**  
Rescissions page for M-2, Part VIII, dated **October 7, 1992**

Contents page for Chapter 2, dated **October 7, 1992**  
Text for Chapter 2, dated **October 7, 1992**

Transmittal sheets located at the end of the document:

VHA Directive 10-93-071, dated **June 17, 1993**  
Sheet dated **October 7, 1992**

**DEPARTMENT OF  
VETERANS AFFAIRS**

**CLINICAL PROGRAMS  
Rehabilitation Medicine Service**

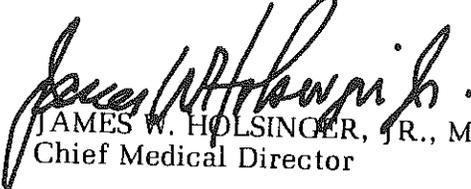
**M-2, Part VIII  
October 7, 1992**

**Veterans Health Administration  
Washington, DC 20420**

October 7, 1992

Department of Veterans Affairs  
Veterans Health Administration  
Washington, DC 20420

M-2, "Clinical Programs," Part VIII, "Rehabilitation Medicine Service," is published for the compliance of all concerned.



JAMES W. HOLSINGER, JR., M.D.  
Chief Medical Director

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RESCISSIONS

The following material is rescinded.

1. **Complete Rescissions**

a. Manual

M-2, Part VIII, dated July 15, 1955, and changes 1 through 4  
M-2, Part VIII, dated July 15, 1966,  
M-2, Part VIII, change 1, dated June 19, 1970  
M-2, Part VIII, change 2, dated September 22, 1971  
M-2, Part VIII, change 3, dated July 2, 1981

b. Interim Issues

II 10-66-44  
II 10-70-16  
II 10-74-28  
II 10-74-30  
II 10-75-3  
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c. Circulars

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**CHAPTER 2. RMS (REHABILITATION MEDICINE SERVICE)  
BED AND CONSULTATION SERVICES**

**2.01 STATEMENT OF POLICY**

The efficient delivery of quality rehabilitation care includes acute, intermediate and long-term care, and will be an integral part of the mission of the total facility.

**2.02 GENERAL PROVISIONS**

- a. Consultation is provided by RMS to all other patient care activities, as requested.
- b. A RMS bed service may be established in facilities upon recommendation of the Chief, RMS, with the approval of the Chief of Staff and the medical center Director. Approval by the CMD (Chief Medical Director) will be required to change the distribution of major bed programs or sub-programs for a period in excess of 90 days. Medical centers having a PM&RS (Physical Medicine and Rehabilitation Service) Residency Program will have a bed service as required by the American Board of Physical Medicine and Rehabilitation.
- c. In order to provide adequate professional coverage of both the RMS bed service and other rehabilitation medicine services throughout the medical center, a minimum of two physicians, at least one of whom is a board certified/board eligible physiatrist, must be assigned to RMS. Deviation from this policy will be accomplished only with the approval of the Director, RMS, VA Central Office.
- d. Beds under the responsibility of the Chief, RMS, will be reported as RMS Beds on the medical center Bed Census Report.
- e. Requests for changes of bed designation should be submitted to the CMD's office through the appropriate Regional Director's office.

**2.03 PURPOSE OF A RMS BED SERVICE**

- a. The RMS bed service provides treatment facilities and rehabilitation services to veterans who would benefit from an intensive inpatient rehabilitation program.
- b. The conditions to be met in establishing new acute RMS bed services include:
  - (1) The proposed physician service chief must be employed at least five-eighths time, and be board certified.
  - (2) Provision has been made to assure physician coverage 24 hours a day, 7 days a week.
  - (3) At least three core clinical therapy sections are available and adequate staff to assure a minimum of 3 hours of therapy per day per patient. Core clinical therapy sections include, but are not limited to:
    - (a) Kinesiotherapy,
    - (b) Occupational therapy,
    - (c) Physical therapy, and

(d) Audiology and speech pathology.

(4) Multidisciplinary staff is identified and, if possible, dedicated to service of rehabilitation beds, as:

(a) Rehabilitation nursing,

(b) Social work,

(c) Psychology,

(d) Recreation therapy,

(e) RMS therapies,

(f) Vocational resources, and

(g) Chaplain services.

(5) Electromyography evaluation resources are present or available.

(6) Full prosthetic/orthotic and HISA (Home Improvement and Structural Alterations) services are available in-house or through contractual agreements.

(7) A mechanism for post-discharge follow-up is available.

#### **2.04 ADMISSION AND DISCHARGE OF VETERANS TO/FROM RMS BED SERVICE**

a. Admission criteria will be established by Chief, RMS, and approved by the Chief of Staff or CEB (Clinical Executive Board).

b. Direct admission or transfer to RMS bed service will be made only after consultation with, and approval by, the Chief, RMS, or physician designee. In specific conditions, the Chief, RMS, may request admission panel discussions to assist in the arrangement for admission or for other options of treatment for patients with borderline potential for rehabilitation care.

c. When the veteran has received maximum benefits from rehabilitation treatment, but further hospitalization is required, the veteran will be transferred to the appropriate Service. The Chief, RMS, or physician designee, will initiate all transfers. Variances of opinion will be referred to the Chief of Staff.

June 17, 1993

TO: Regional Directors; Directors, VA Medical Center Activities,  
Domiciliary, Outpatient Clinics, Regional Offices with Outpatient  
Clinics

SUBJ: PM&RS (Physical Medicine and Rehabilitation Service) Name Change

1. PURPOSE: The purpose of this VHA (Veterans Health Administration) directive is to provide instructions relating to a change in title from RMS (Rehabilitation Medicine Service) to PM&RS. This directive will be incorporated into manual M-2, part VIII.

2. BACKGROUND

a. Prior to 1973, the formal designation of the current RMS was PM&RS. This title, which had been utilized by VA (Department of Veterans Affairs) since 1948, reflected the official name of the medical specialty, the ABMS (American Board of Medical Specialists) specialty board, as well as the affiliated medical school departments. In 1973, in an effort to "expand the parameters of this medical program," the name was changed to RMS.

b. The new title went generally unappreciated by leaders in the field whose training, experience and background were identified as "physiatry," a universally recognized medical specialty. There is now a strong need to support the many advances in technology, medical knowledge, and national interest in the field of physical rehabilitation to again assume the specific title for which this specialty is best known and recognized.

c. The need to maintain the reputation and credibility of the VA Physical Medicine and Rehabilitation Program should not be compromised by naming physicians who are not board-certified physiatrists to head those programs in field health care facilities.

3. POLICY: Clinical designation of a service in VA Central Office and field facilities will correspond as clearly as possible with the designation of its counterpart in academia, the private sector and the international medical community. Renaming the RMS in VA will provide the correct designation of the types and kinds of services with which this service has been associated, as well as maintaining a consistency for all non-VA correspondence with inspection/accreditation bodies and professional organizations in physical medicine and rehabilitation.

4. ACTION

a. On or after June 17, 1993, all full-time permanent Chiefs of PM&RS will be board-certified physiatrists.

b. Any individual who is not board certified and currently serving as a field chief of PM&RS may continue in that capacity. Facilities wishing to nominate for appointment non-Board certified physiatrists to Chief of PM&RS must request a waiver from the Associate Deputy Chief Medical Director (11). These requests should be forwarded through the Regional Director (13\_/PM&RS (117B)).

THIS VHA DIRECTIVE EXPIRES JUNE 17, 1994

5. REFERENCES: None.
6. FOLLOW-UP RESPONSIBILITY: Director, Physical Medicine and Rehabilitation Service (117B).
7. RESCISSIONS: This VHA directive will expire June 17, 1994.

Signed 6/17/93 C. Wayne Hawkins  
for

James W. Holsinger, Jr., M.D.  
Under Secretary for Health

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October 7, 1992

1. Transmitted is a complete revision of Veterans Health Administration Manual M-2, "Clinical Programs," Part VIII, "Rehabilitation Medicine Service." Because of the many changes, brackets have not been used to indicate the changes.

2. Principal changes are:

- a. **Chapter 1:** Includes a statement of policy and reporting requirements.
- b. **Chapter 3:** Is replaced by a new Chapter 3, "RMS (Rehabilitation Medicine Service) Sections."
- c. **Chapter 5:** Is replaced by a new Chapter 5, "Driving Training for the Handicapped Veteran."
- d. **Chapter 6:** Is replaced by a new Chapter 6, "Work Restoration Program."
- e. **Chapter 7:** Is replaced by a new Chapter 7, "Education in RMS (Rehabilitation Medicine Service)."
- f. **Chapter 8:** Is replaced by a new Chapter 8, "Research in RMS (Rehabilitation Medicine Service)."
- g. **Chapter 9:** Is replaced by a new Chapter 9, "Scope of Practice."
- h. **Chapter 10:** Is deleted.

3. Filing Instructions

Remove pages

Cover through vi ✓  
1-1 through 1-8 ✓  
2-1 ✓  
3-1 ✓  
4-1 through 4-8 ✓  
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10-1 through 10-13 ✓

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5-i through 5-4 ✓  
6-i through 6-3 ✓  
7-i through 7-2 ✓  
8-i through 8-1 ✓  
9-i through 9-4 ✓

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4. **RESCISSIONS:** M-2, Part VIII, dated July 15, 1966; Circulars 10-87-13 (Supp. 1), 10-87-15 (Supp. 1); 10-87-81 (Supp. 1); 10-87-133, 10-88-113, 10-90-025, and Interim Issue 10-66-44, 10-70-16, 10-74-28, 10-74-30, 10-75-03, 10-76-16, 10-76-17, 10-76-31, 10-77-25.

  
JAMES W. HOLSINGER, JR., M.D.  
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