

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 8, Research in RMS (Rehabilitation Medicine Service)
(Paragraphs 8.01 through 8.03)**

Rescinds earlier revisions and changes to Chapter 8

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 8, dated **October 7, 1992**
Text for Chapter 8, 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**

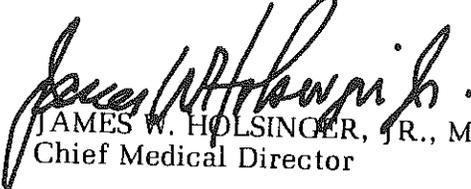
**M-2, Part VIII
October 7, 1992**

**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The following material is rescinded.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
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II 10-77-25

c. Circulars

10-87-13 and Supplement 1
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CHAPTER 8. RESEARCH IN RMS (REHABILITATION MEDICINE SERVICE)

8.01 STATEMENT OF POLICY

RMS (Rehabilitation Medicine Service) research is one of the processes used to validate and improve the treatment of veterans patients. RMS will promote a climate receptive to rehabilitation research activities and the applications of research findings in the clinical setting.

8.02 GENERAL PROVISIONS

a. RMS staff will be encouraged to initiate research activities directed toward development of relevant, reliable data in all veteran rehabilitation facilities.

b. RMS research will be conducted under the auspices of the Research and Development Committee at VA (Department of Veterans Affairs) medical centers, subject to pertinent regulations and guidelines.

c. RMS research, including the preparation and publication of professional papers, will be accomplished in accordance with policies and procedures prescribed in M-3, part I.

8.03 SCOPE

The scope of RMS research includes:

- a. Clinical research that studies patient needs, care, or aspects of illness.
- b. Studies relating to priority aspects of the VA mission or objectives critical to RMS.
- c. Studies by RMS affiliated students in conjunction with their clinical experience or by graduate students who have obtained permission to use the VA setting.
- d. Cooperative or individual studies that have been funded by VA Central Office or its subdivisions. Sources include:
 - (1) RAG (Research Advisory Group) program,
 - (2) Merit Review Program, and
 - (3) Rehabilitation Research and Development Program.

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

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1-1 through 1-8 ✓
2-1 ✓
3-1 ✓
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9-1 through 9-5 ✓
10-1 through 10-13 ✓

Insert pages

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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.


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