

When to refer to Physiatry?

When evaluation and Medical Management Recommended for...

Adults:

- Post traumatic brain injury (whether mild, mod, severe) for rehabilitation to address the main issues: fractures management post op, seizures, hypertension, cardiopulmonary disorders, endocrine dysfunction including derangement of anterior pituitary function, cranial nerve issues, motor and sensory issues, heterotopic ossification, nutrition, cognition and bowel and bladder issues.
- Concussion management
- Amputation: prosthetic prescription and manage any complications of amputation and prosthetic issues (e.g., poor fit).
- Post stroke/ cerebrovascular diseases: to address physical, functional and cognitive deficits as well implement secondary prevention strategies to prevent recurrence.
- Post ICU syndrome weakness or any weakness
- Spinal cord injury for rehabilitation needs including but not limited to cardiovascular, respiratory, musculoskeletal/ bone health, pain, neurologic, sexual health, skin and bowel/bladder
- Trigger point injections (Myofascial pain)
- Pain (MSK vs neuropathic)
- Concussion management (mild concussion): sports related or trauma
- Difficulties with mobility or other activities of daily living (ADLs)
- Electromyography/Nerve Conduction Study (EMG)
- Neuromuscular disorders (exp. Myasthenia Gravis, Amyotrophic Lateral Sclerosis)
- Botox injections for spasticity
- Peripheral nerve lesion (exp. Carpal tunnel syndrome, Ulnar neuropathy, Sciatic neuropathy/ foot drop)
- Repeated falls
- Patient with chronic heart or lung disease to address cardiac or pulmonary rehabilitation program
- Joint pain
- Low back pain
- Sports related injuries.
- Multiple sclerosis
- Brain metastasis
- Post-polio syndrome
- Deconditioning/ functional limitations
- Neurodegenerative disorders (exp. Parkinson's disease)
- Post COVID19 rehabilitation

Pediatrics

- Abnormal Gait (i.e. Toe walking, in-toeing)
- Baclofen pump management
- Concussion management (mild concussion) : sports related or trauma
- Difficulties with mobility or other activities of daily living (ADLs)
- Electromyography/Nerve Conduction Study (EMG)
- Botox injections for spasticity
- Migraines
- Drooling
- Pain
- Bracing, wheelchair or equipment needs
- Chronic pain (MSK vs neuropathic)
- Cerebral Palsy
- Congenital limb deficiency
- Neuromuscular disorders exp.
- Non accidental trauma NAS
- Spina bifida

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