

Physical Medicine and Rehabilitation

Functional Disorders

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Physical Medicine and Rehabilitation: State of the Art Reviews
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FUNCTIONAL DISORDERS

Nathan D. Zasler, MD, and Michael F. Martelli, PhD, Editors

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case series or other reports indicating that SA may be useful for a wide variety of purposes, few controlled studies exist. Particular attention is paid to the issue of chronic pain and research conducted at the Toronto Western Hospital, Toronto, Canada, where SA infusion has been found to produce dramatic resolution of certain types of chronic pain, and modify a variety of somatosensory abnormalities. Possible mechanisms of effect of sodium amylal are explored. The authors conclude that SA may be useful in demonstrating the functional nature of a wide variety of disorders and that it is a particularly useful *diagnostic* tool in chronic pain patients. Its value as a *therapeutic* tool in functional and pain disorders, however, is unclear, while its mechanisms of action remain speculative. The issue of organic versus functional disorders is revisited, and recommendations for future research are made.

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PREFACE

We are very proud to bring you this issue of *Physical Medicine and Rehabilitation: State of the Art Reviews* on the topic of functional disorders. As practitioners in the "trenches," we believed that there was a lot of misunderstanding regarding this special group of patients, particularly in the rehabilitation context. We often see patients who have unclear medical presentations, are recalcitrant to treatment, and appear to have significant psychological disturbances that are uncertainly intertwined with medical symptoms. Such patients typically end up with some type of "functional" diagnosis and are labeled as "chronic" and beyond help. As practitioners, we believe that it is important to not only better understand this patient population, but also be able to provide more effective rehabilitation services. We hope that this issue of *State of the Art Reviews* serves to enlighten fellow readers regarding functional disorders in terms of both diagnosis and treatment.

We lead off with a general introduction to the topic of functional disorders with an insightful perspective by Dr. Laurence Miller regarding the true spectrum of functional disorders. He ushers in a volume that is unencumbered by outdated models of mind-body dualism. Emerging psychophysiology models and methods for diagnosis and treatment are subsequently discussed by Dr. DeVore, followed by an interesting historical perspective on conversion disorders, as related to the issue of pain and hysteria, by Dr. Merskey. Doctors Teasell and Shapiro provide us with a Canadian perspective on treatment of disorders by elaborating an inpatient program for treatment of conversion disorders. Some of the interdisciplinary challenges facing the treatment team providing rehabilitation services to persons with functional disorders are reviewed in a chapter by Doctors Speed and Mooney. Next, English neurologist Dr. Chaudhuri examines the clinical indications for neurodiagnostic tests in the evaluation of persons with functional disorders. Dr. Sella then provides us with an up-to-date review of objective assessment of soft tissue injuries given their propensity for being labeled as "functional disorders."

Dr. Cripe shares with us some of his perspectives on false psychonomies as they relate to differentiating organic from non-organic disease in the context of functional disorder assessment and treatment. Response bias detection in sensory disorders is then reviewed by Doctors Ruchinskas and Maitin. More general symptom validity testing is subsequently reviewed by Dr. Johnson-Greene. An interesting and important chapter on the use of amobarbital in pain and functional disorder assessment and management is then provided by Dr. Mailis and Dr. Nicholson. Doctors Martelli and Zasler follow by discussing a brief biopsychosocial model of assessment and relevant psychological instruments that can provide information about a person's physiological, behavioral, and cognitive-affective vulnerabilities and strengths and guide treatment planning. They supplement this chapter with an appendix including a tabular survey of procedures and instruments with utility for detecting nonorganic presentations and response bias. Finally, Doctors Roper and Martelli offer useful guidelines for providing feedback and making psychological treatment referrals to persons with functional medical disorders.

Nathan D. Zasler, MD
Michael F. Martelli, PhD, DAAPM
Guest Editors

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WHAT IS THE TRUE SPECTRUM OF FUNCTIONAL DISORDERS IN REHABILITATION?

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INTRODUCTION: FUNCTIONAL DISORDERS IN REHABILITATION

"Why won't my patient get better?" In rehab settings, this oft-heard plaint is commonly applied to patients whose objective injuries fail to explain the range or severity of functional disability that prevents them from returning to their previous work and lifestyle. Many such patients are experiencing *traumatic disability syndromes*,⁶⁰ such as postconcussion syndrome, chronic pain, and posttraumatic stress disorder, and a substantial proportion of these patients eventually have contact with the legal system.^{6,92} In addition to their direct injury-related disabilities, these patients may display other types of psychological disturbances that may be variously described in clinical reports as "psychosomatic," "hysterical," or "malingering," especially in the context of adversarial forensic evaluations.

Confusion reigns. Orthopedists make ill-conceived psychiatric diagnoses, branding patients as nut cases or cheats, while mental health clinicians lack clear guidelines on how to treat these patients in the practical, here-and-now, results-oriented setting of the rehab clinic. Unfortunately, many orthopedists, neurologists, psychiatrists, and other rehab clinicians tend to see things in either-or terms: either the patient has a "real" disability, or he's making it up. At the same time, the legal and insurance system's frequent need for cut-and-dried determinations of disability, liability, responsibility, intent, and percentage of impairment can put case managers and attorneys at odds with the comparatively untidy diagnostic world of

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