

## My Development as a Physician in Rehabilitation Medicine

The specialty of Physical Medicine and Rehabilitation, or “Physiatry” is sometimes described as the general practitioner of the disabled. We learn how to diagnose, treat, and rehabilitate people that have illnesses or injuries that limit their physical, or to a large degree cognitive/emotional ability to function. We train to learn how to completely manage the health of people with limitations, using consultants, when needed. We learn how to manage normal medical problems in the context of a patient with a major illness or injury. Classically, this includes, head injury, spinal cord injury, stroke, amputation, multiple sclerosis, ALS, chronic pain of all types, and chronic fatigue. Not many people know this, but I have also been trained in managing cardiac, pulmonary, and cancer rehabilitation. We also train in the management of pediatrics patients.

The Rehabilitation Institute of Chicago, where I trained, is also where the famous Christopher Reeve did his inpatient rehabilitation for quadriplegia. My first job, after residency, was at the Bryn Mawr Rehabilitation Hospital, which has received awards for head injury rehabilitation. So, naturally, early in my career, I had concentrated on head injury and spinal cord injury rehabilitation.

Most of the outpatients treated by Physiatrists are patients with Chronic Pain and/or Fatigue. Many of us also have inpatient units specializing in those types of patients. It is at one of these units that I first became interested in how to treat patients with chronic pain and/or fatigue. We would examine them very careful for the reason for the symptoms. We would look for a variety of illnesses or injuries that might have been missed. I came to notice a set of circumstances (esp. improved sleep and good pacing) that resulted in steady improvement of these patients. I also learned about the new and complex diagnoses of Myofascial Pain and Fibromyalgia.

I actually, became quite good at helping those individuals... But, I always suspected that we had not yet found the “cause” of these syndromes. There were complex books and articles listing the many physiological aspects of Myofascial Pain Syndrome, Fibromyalgia Syndrome, and Chronic Fatigue Syndrome. The standard text on Myofascial Pain was two volumes, and read carefully enough revealed the need to identify and treat “perpetuating” factors, which included “Lyme Disease”, but relying on the Elisa.

Then came “From Fatigued to Fantastic”, written by Jacob Teitelbaum, MD. Jacob gave me a free copy of his book, at a conference. It really outlined a process of identifying and treating the many perpetuating factors. I am so grateful to him. He has a website: <http://www.endfatigue.com/>.

After I became very familiar with “Lyme Disease”, he and I actually met to discuss the importance of “Lyme Disease”, and at that time he chose to still rely on Elisa and Western Blot results. But his book was instrumental in me solidifying a process of Diagnosis and Treatment of these problems. I used these concepts for 17 years, with significant success, before I had my .....first “Lyme Patient”. As I recall.....

About 16 years ago “FM” decided to have me evaluate her for her pain, fatigue, and brain fog. I did my blood tests, including repeating a Lyme test and all of it came back as normal. This was the perfect first Lyme patient.... She had had two tests for Lyme Disease, both negative, she had seen two psychiatrists who found no issues, she was very smart, and she was being treated by me for Myofascial pain, and was improving. Her prior testing was extensive, even before I met her.

She announced to me that she had communicated with Sam Donta, MD of Infectious Diseases at Boston University (after learning about him on the internet). He had reviewed her records and suggested that she has a Chronic “Lyme or Lyme-Like infection”. He recommended treatment. Her primary doctor placed her on doxycycline and in an amazing way... she started to improve! Two negative Lyme tests!! Doxycycline helps Myofascial pain!! The Lyme test is no good??! I, being a flatlander, was taught that there is no Lyme Disease up here, because there are no ticks! Remember, I had always suspected an outside “cause” for these illnesses.

So, she met with Sam. Sam recommended a protocol of antibiotics... and she got worse! (had a Jarisch Herxheimer Reaction) How scary was that! Sam reassured me. I began to read and read. I learned how similar Lyme Disease is to syphilis and so my scientist education kicked in questioning and trying to understand. I read some more. I treated some more. I sent him more patients. I went to conferences.

And, so it was. For years I was an expert in treating patients that had chronic pain or fatigue without antibiotics and I now became convinced that antibiotics help make progress with these patients in amazing ways.

And, all that is really needed is the antibiotics. Everything else just makes them feel better, without truly getting to the cause. I was and am convinced that there is something necessary about using long-term antibiotics to treat individuals who have a chronic "Lyme or Lyme-Like infection".

I am very grateful to Sam Donta for all the time he spent with me to teach me how to make these people be better. I am grateful to Jacob Teitelbaum for helping me understand how to manage them while making them be better. I am grateful to "FM" for stepping out of the box and letting me be part of that. The experience has made me so much a better clinician.

Since then, I have treated thousands of patients. I evaluate them very careful and very thoroughly for many different potential diagnoses. "Lyme" is only one of many things I look for. I try to maximize my treatment to cause them to "be" better. 30 years of treating patients with Chronic Pain or Chronic Fatigue. Patients do get better. Patients can and do get better and do well!

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