

## Considering Psychosomatic and Emotional Factors in Disability Determination: The Clinical Anatomy and Functional Complexity of a Guarded Prognosis

**David L Cross\***

*Clinic Director, Physical Therapy and Vocational Rehabilitation Counseling Services, Indianapolis Rehabilitation Agency, Indianapolis, Indiana, United States*

**\*Corresponding Author:** David L Cross, Clinic Director, Physical Therapy and Vocational Rehabilitation Counseling Services, Indianapolis Rehabilitation Agency, Indianapolis, Indiana, United States.

**Received:** February 16, 2019; **Published:** February 28, 2019

### Abstract

The age-old and well established interrelationship between physical and mental health has become the focus of many modern-day wellness and healthy-living programs. The empirical “mind/body” connection advocated by today’s most popular fitness experts can also be applied to physical therapy and medical treatment regimens. In many cases, the measured rehabilitation outcomes, as well as “patient satisfaction” will improve significantly when the mental as well as the physical advantages of daily exercise, sufficient sleep, healthy diet and personal stress management are addressed “early-on” in the treatment protocols. Hidden emotional and psychological problems will only complicate a patient’s physical symptoms and eventual rehabilitation outcomes. This reality is becoming increasingly important as more and more people are losing their jobs and are unable to work because of their physical and mental impairments. When a client’s vocational rehabilitation prognosis is guarded, and when treatment possibilities are limited, applying for disability often becomes the only perceived option. And this reality is becoming a concern, as the problems and practicality of universal health-care is being considered.

**Keywords:** *Physical Therapy; Vocational Rehabilitation*

### Introduction

In orthopedic physical therapy and rehabilitation, a client’s functional impairments, biomechanics, clinical anatomy, cognitive deficits, mental health and pain behaviors often become inextricably inter-related over time. In fact, within our society, there are many apparently well-adjusted individuals with difficult orthopedic problems who are also struggling with hidden disabilities, anxiety and psychological pain.

### Problem statement

Some patients may have deep seated guilt, shame, anger or other emotional issues. Some may be suffering from untreated PTSD (Post-Traumatic Stress Disorder). Some people can cope, others cannot. Some have good insurance, and can get psychological help. Others cannot. Some have good insurance and could get care, but do not because they are afraid of being labeled.

### Clinical implications

But either way, considering today’s fast-paced and complex world, it is likely that there will be an increasing number of patients with emotional and mental health problems in the future.

### **Hypothesis**

The implied [and/or stated] vision and mission of universal coverage and comprehensive health care reform, however, would suggest that the necessary physical and psychological treatment will, [in the near future], be made readily available to all, regardless.

### **Observations and complicating factors**

For a variety of reasons, there are an increasing number of people who are applying for disability benefits, and consequently the Social Security Disability System is vulnerable. Disability Determination is a complex endeavor, and the roles and clinical responsibilities of medical and allied health professionals are evolving to meet the ever-changing needs of society.

### **Health care providers and change**

But even as the Affordable Care Act is being implemented, policies and procedures are being modified, adjusted and changed. The health care and rehabilitation system is beginning to recognize the clinical, vocational and financial benefits derived by treating patients holistically and collaboratively.

### **Discussion**

In the end, human beings are complex physical, intellectual and emotional creatures with multi-dimensional musculoskeletal and psychosocial needs. Without the appropriate physical and psychological treatment, often “total disability” becomes the only viable option [1-4].

### **Conclusion**

Early diagnosis, and comprehensive-holistic care may provide one possible solution. And although public policy, covered services, and societal attitudes are being challenged and/or changing, further research is warranted concerning the important inter-relationships that appear to exist between physical health, mental health and vocational rehabilitation/disability.

### **Bibliography**

1. Social Security Administration.
2. Can I Get Social Security Disability for Restless Leg Syndrome?
3. The United States Social Security Administration
4. Disability Services - USA.gov.

**Volume 10 Issue 3 March 2019**

**©All rights reserved by David L Cross.**