INTRODUCTION
I am a specialist in Physical Medicine and Rehabilitation (PM&R) and Rheumatology. I am currently working as a clinician at a university hospital, which is one of the largest providers of education and healthcare in Istanbul. I spend most of my time with rheumatology patients. I am also part of a great PM&R team.

MY CAREER IN PM&R AND CLINICAL ASPECTS FROM A PERSONAL PERSPECTIVE
I need to have a meaningful and satisfying job. During and after my PM&R training, I worked in various outpatient and inpatient clinics with a large number and variety of rehabilitation patients. When I was working as a PM&R specialist, I was interested in electrophysiology, electromyography, and musculoskeletal ultrasound. Over time, my interest in inflammation, which I visualized using ultrasound, grew. Then I decided to specialize in rheumatology and combine the two.

In general rheumatology practice, you generally anticipate the damage that inflammation can do to tissues - you do not always have a biopsy result - and try to prevent it. In general rehabilitation practice, on the other hand, you generally design multidimensional projects to achieve optimal return or adaptation after an event. Each patient is unique, so sometimes this means reducing pain, preventing contractures, increasing strength, providing an appropriate level of activity, or a combination of these. I liken the combination of these two skills to engineering because while inflammation persists or occurs in attacks, there are impairments that need to be overcome.

PM&R RESEARCH PRIORITIES AT THE CURRENT STAGE
High-level evidence studies are the main priority at this stage. Millions of people with disabilities are looking for new and modified evidence-based approaches every day. New assistive mobility devices and investigations in the era of stem cells are their most frequently asked questions. They also have a range of questions/experiences in traditional, complementary, and functional medicine. While some of them are useful, others end up being a waste of time, money, and hope. For these reasons, randomized control trials and guidelines are needed in all areas of PM&R.

Simultaneously, research is needed in the field of assistive technologies and artificial intelligence. Researchers can involve people with disabilities in the study design process to raise awareness and produce the most useful work.
PM&R MODALITIES IN RHEUMATOLOGY, CARDIOLOGY, AND NEUROLOGY

Physical agent modalities are physical agents used to achieve the desired therapeutic effect. In the field of rheumatology, they are generally considered to be adjunctive rather than curative treatments and are used for the relief of a patient's symptoms. Cold, heat, electricity, ultrasound, electromagnetic waves, laser, and acupuncture are the most commonly used modalities. In my country, undiagnosed musculoskeletal pain is still a significant outpatient burden for both PM&R and rheumatology. Electrotherapy, such as TENS or interferential current therapy, is a useful pain reliever for many rheumatic conditions, especially osteoarthritis. Splinting is a commonly used method for the treatment of deformities and subluxations that are caused by arthritis. Therapeutic exercise is now included in guidelines and the level of evidence is quite high, especially for spondyloarthritis. Therapeutic exercise is also the cornerstone of cardiac rehabilitation. The cardiorespiratory system consists of the heart, lungs, and blood vessels, and the muscles play an important role in ensuring the continuity of exercise. Cardiopulmonary performance is therefore improved through pain management, flexibility, and muscle strength.

Neurological rehabilitation aims to enable patients to live as independently as possible with the highest possible quality of life. After neurological damage, there must be a synchronized approach to restoring as much function as possible, preventing or treating complications, and adapting to all aspects of life. The treatment scenario to be used should be prepared specifically for each patient and should include a serious examination and follow-up procedures. Treatments are carried out using various instruments and devices, as well as physical exercises. Therefore, almost all physical agent modalities can be used in this spectrum, ranging from a single nerve injury to severe brain injury and its complications. In addition, neurorehabilitation-specific techniques, neuronal relearning techniques, adaptive devices, and drug treatments are used in combination with physical agent modalities.

LIMITATIONS OF PM&R AND WAYS FORWARD

It is difficult to predict the future of PM&R with the growth of technology and artificial intelligence. Some commonly used diagnostic methods such as EMG, ECG, and ultrasound are the improved versions of physical agents. So far, the therapeutic use of these agents has not received the same attention as their diagnostic use. But there is no limit to what you can imagine. I believe that in the future, improved physiotherapeutic agents will play an important role in the treatment of some conditions such as chronic pain or Raynaud’s phenomenon.

MY MESSAGES TO CENTRAL ASIAN RESEARCHERS WITH INTEREST IN PM&R

I advise young researchers and students to place more importance on physical examination in view of homeostasis disturbances. On many occasions, when a diagnosis is uncertain after numerous laboratory and imaging tests, a more comprehensive physical examination clarifies all issues. I often advise to master statistics to better collect, organize, and interpret research data.
Figure 1. Associate Professor, Dr Sevtap Acer Kasman with Dr Armen Yuri Gasparyan attending the Dermato-Gastro-Rheumatology Congress, June 16-18, 2023, Istanbul, Türkiye.
Мой путь в качестве исследователя физической медицины и реабилитологии