



COMMENTARY

Comment on: “Fostering a uniform global name for the specialty of physicians working in rehabilitation”

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In their letter to the Editor of the *European Journal of Physical and Rehabilitation Medicine* (EJPRM), Sivan *et al.*, report the reasons why the British Society of Rehabilitation Medicine (BSRM) has recently decided to change its name to British Society of Physical and Rehabilitation Medicine (BSPRM).¹ They argue that adding the world “physical” would broaden the scope of the specialty, beyond the traditional areas of practice in the UK, thus making the medical specialty of “Rehabilitation Medicine” more attractive and satisfying for physicians. In their letter, the British colleagues invite the physical and rehabilitation medicine (PRM) community to discuss the possibility of a uniform name of the specialty worldwide. We are writing to congratulate our colleagues in the UK for their thoughtful analysis and efforts to strengthen

the medical specialty of PRM in their country as well as worldwide. A change in name is not only symbolic but also an important recognition of the broad scope of practice of our specialty and the inclusion of a large segment of the population with health conditions that can benefit from physical and rehabilitation interventions.

The International Society of Physical and Rehabilitation Medicine (ISPRM) was founded on November 13, 1999, as a result of the merger of the International Rehabilitation Medicine Association (IRMA) and the International Federation of Physical Medicine and Rehabilitation (IFPRM).² ISPRM serves as the global organization for PRM and includes national societies and individuals in the field of PRM from all around the world. As a Non-Governmental organization (NGO), ISPRM acts as a catalyst for

international PRM activities with a humanitarian, a professional, and a scientific mandate. The vision of the ISPRM is to be the leading PRM society and medical voice for people experiencing disability in the world. The mission of ISPRM is to optimize functioning and health-related quality of life and minimize disability in people experiencing disability that can benefit from rehabilitation and/or medical problems throughout the world.³⁻⁶

PRM is the medical specialty that anchors rehabilitation, the health strategy of the 21st century, in academic medicine.^{7,8} In practice and as the basis for research, PRM aims to optimize functioning for persons with health conditions and reduce the disability they experience. PRM optimizes intrinsic capacity and translates it into functional ability across human activities and participation in all life areas.⁹ In primary health care, PRM supports the training of healthcare workers and provides screening for referral to interdisciplinary rehabilitation services and specialized care by other medical specialists. PRM develops rehabilitation management plans across the continuum of care and manages individual rehabilitation programs using a person-centred approach. These plans facilitate collaboration with other medical specialties, health professionals providing specialized health interventions (such as occupational therapists, physiotherapists, speech therapists, prosthetists and orthotists, rehabilitation nurses, psychologists, ...), social workers, and experts in rehabilitation sciences and technologies, and architectural modifications. Towards these goals, PRM supports and collaborates with the education and training in rehabilitation of a full range of medical disciplines, health professions, and technicians in academic capacity building.⁸ PRM also supports and collaborates with the World Health Organization (WHO) and the United Nations, as well as with Non-Governmental Organizations in the strengthening of rehabilitation in health systems worldwide.

When the leadership of IRMA and IFPMR gathered to discuss the merging of the existing societies, at the time, there was significant discussion about the most appropriate name for the new organization. With the selection of the name “International Society of Physical and Rehabilitation Medicine” two important decisions were taken. The first one was to keep both words “physical” and “rehabilitation.” As we know the term “physical” refers more to physical interventions, including modalities, and “rehabilitation” that reflects a broader interest in functioning.¹⁰ By keeping both words, different traditions and global perspectives were included. The second important decision was to use the word medicine at the end, to make sure that

both “physical” and “rehabilitation” were closely related to the practice of medicine.

The ISPRM is collaborating with the WHO’s “Rehabilitation 2030 – a call for action”, whose aims are: 1) to draw attention to the increasing unmet needs for rehabilitation; 2) to highlight the role of rehabilitation in achieving the Sustainable Development Goals (SDGs) proposed by the United Nations; and 3) to call for coordinated and concerted global action towards strengthening rehabilitation in health systems.¹¹ There are 2.4 billion people, one third of worldwide population, who could benefit from rehabilitation at least once in the course of their illness or injury.¹² The main challenge is to meet the need for rehabilitation. Unfortunately, in many countries, there is a small number of PRM physicians. Sharing the International Core Curricula for PRM is a first step to assist building the PRM workforce as well as an important step to define the scope of practice of our specialty.^{13, 14}

The ISPRM applauds and supports the BSPRM in their effort to advocate for PRM in the UK and stimulate a healthy discussion of the most appropriate name for our medical specialty with the objective of promoting its use globally which strengthens the identity of our specialty and will encourage more physicians to start a career in PRM.

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