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*Published in:*  
PM&R

*DOI:*  
[10.1016/j.pmj.2012.08.014](https://doi.org/10.1016/j.pmj.2012.08.014)

2012

[Link to publication](#)

*Citation for published version (APA):*

Lexell, J., & Chung, S. G. (2012). Physical medicine and rehabilitation: interdisciplinary, interventional, and international. *PM&R*, 4(10), 768-769. <https://doi.org/10.1016/j.pmj.2012.08.014>

*Total number of authors:*  
2

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**International Perspective**

# **Physical medicine and rehabilitation: interdisciplinary, interventional and international**

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In this issue of PM&R, a new featured column is being introduced: The International Perspective. In this column, the journal will facilitate a broad look at our speciality from an international perspective. Indeed, physical medicine and rehabilitation (PMR) is not only interdisciplinary and interventional, it is also international. This new section will focus on areas of scientific and clinical relevance, and issues of importance for the advancement of PMR in an international context. We are confident that much can be learned from each other through narrative descriptions, perspective viewpoints or summary reviews on contemporary topics of international importance to the field of PMR.

Disability is truly an international issue. In the recent World Health Organization (WHO) “World report on disability”(1) it is stated that more than one billion people in the world live with some form of disability, of whom nearly 200 million experience considerable difficulties in functioning. The report further states that disability will be an even greater concern in the years ahead because its prevalence is on the rise. This is due to a growing number of people above age 65 years and the higher risk of disability in older people, as well as the global increase in chronic health conditions such as diabetes, cardiovascular disease, neurological disorders, cancer and mental health disorders. The WHO report also presents innovative policies and programs that can improve the lives of people with disabilities, and facilitate implementation of the United Nations Convention on the Rights of Persons with Disabilities,

which came into force in May 2008. The WHO report emphasizes the necessity to create or amend national plans on rehabilitation, and establish infrastructure and capacity to implement the plans in order to improve access to rehabilitation services. We know there are numerous efforts being taken around the world to do this. We hope that this new section may serve as a medium to present, describe and discuss these efforts.

Our speciality is young and has evolved over the past century. For example, it is only less than 60 years since spinal cord injury rehabilitation was developed at Stoke Mandeville Hospital in England, as an example of a highly specialised rehabilitation service. In many parts of the world, the first PMR specialists were certified within the last 2 decades. The evolutionary history of PMR societies varies in different regions and countries around the world. For example, simply consider the various names of the specialty: “Physical Medicine and Rehabilitation (PMR)”, “Rehabilitation Medicine (RM)” or “Physical and Rehabilitation Medicine (PRM)” (2). These differences may reflect subtle variations in viewpoints. Understanding our varied histories, evolution, and type of world wide training programs should help us to appreciate the role of PMR, PRM, or RM in the international medical community. Universally, PMR interacts with many other medical disciplines, usually in the spirit of cooperation, but occasionally in a conflicting manner. These positive and negative interactions usually occur on issues of diagnosing and treating disease and managing disability. The strength and value of PMR can be demonstrated by the development of medical care services that have not been historically provided by other disciplines (3). This development will be facilitated if we recognize evolutionary histories of individual PMR societies describing how they cope with various kinds of challenges.

There is a strong need to focus on our medical education system and our training of young physicians and allied health professionals in rehabilitation.(2) Around the world, there are many examples of how core curriculums in PMR and rehabilitation medicine have developed as part of our university medical systems. By describing such endeavours, we can continue to learn, agree on commonalities and in the long-term progress towards a more unified knowledge of rehabilitation interventions. Many countries have also taken initiatives towards a more evidence based training, and prepare future PMR specialists for a combined clinical and academic career. Moreover, each academic society has its own strategies to stimulate and encourage research activities to reveal evidences of newer diagnostic and therapeutic approaches. Such examples would assist in the work towards integrated residency training and

also provide support for the development of post-graduate courses and a system of continuing medical education (CME), many which could be given as part of an international collaboration. One such example is the “Knowledge NOW” core curriculum developed by American Academy of Physical and Rehabilitation Medicine (AAPM&R).

Other factors play a key role in our delivery of PMR services. We all appreciate how strongly a health care system affects our daily work and understanding the dynamics of such systematic tendencies, including reimbursement issues, will help us more effectively and efficiently deliver care. Further, because PMR focuses on both social and societal issues of disabilities, public and governmental liaisons can provide fundamental infrastructure for the functionalities of our specialty. An enhancement in disability related policies achieved by various levels of communications with governmental officials provides enormous benefits to many people with disability. Specifically planned social activities raise public awareness of our specialty. The global experiences of such communications and activities would be worth sharing.

Issues to be covered in this column will include:

- History of individual PMR societies including key advancements
- Subspecialty definition and development
- Relationships with other medical disciplines such as neurology, orthopaedic surgery, and others
- Liaison activities with various levels of governments, and public awareness
- Academic, training and research activities of global PMR societies
- Health care system and policies related with PMR practice including reimbursement systems

Last but not least, our practices related to specific diseases and disabilities are different and vary around the world. This is partly due to the lack of high quality evidence for specific treatment; however, it also relates to the lack of uniform health care systems, processes for knowledge transfer, and implementation of new policies and procedures. There are numerous ongoing efforts around the world to meet these challenges. Transferring information across continents and borders could prevent us from reinventing the wheel.

We look forward to learning from all our international PMR colleagues!

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