



## COMMENTARY

# The European Board of Physical and Rehabilitation Medicine perspective on the name of our specialty

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The European Board of Physical and Rehabilitation Medicine was founded in Paris in 1991, as “Collège Européen de Médecine Physique et de Réadaptation.” Although the statutes were originally written in French, the English title of the foundation “European Board of Physical and Rehabilitation Medicine” (EBPRM) prevailed and has been officially used ever since. The main scope and statutory mission of the EBRPM are to harmonise the training in Physical and Rehabilitation Medicine (PRM) and to scientifically support postgraduate education and continuous professional development in all member countries by creating a common training framework and a system of certifications.<sup>1</sup>

According to the decisions of its General Assembly, the EBPRM issues all relevant official documents, including diplomas for Fellows, Trainers and Training Centres in English, using the term “Physical and Rehabilitation Medicine” to name the specialty. A matter of concern is the official name of the specialty used by national competent authorities, which varies among the European countries participating in the EBRPM. The directive 2005/36/

EC of the European Parliament and of the Council on the recognition of professional qualifications,<sup>2</sup> which was issued on 7 September 2005, presents the official name of medical specialties for each member state. The directive underwent several revisions, being frequently updated to reflect the current situation. The most recently consolidated version was issued on 10 December 2021. According to Annex V, which refers to professional recognition on the basis of coordination of the minimum training conditions, an official name for PRM specialty was given by twenty-five out of twenty-eight European states. Most commonly, the specialty was cited as “Physical Medicine and Rehabilitation” (PM&R), followed by “PRM” and “Rehabilitation Medicine.” Other names, such as “Physiatry,” “Functional Rehabilitation and Re-education,” “Rehabilitation & Physiatry” and “Physiatry, Balneology and Medical Rehabilitation,” were less frequently used. Interestingly the term “Physiatry” was more frequently used in the first edition of the directive compared to the most recent consolidated version. The name “Physiotherapy” was used by one country in the original version but was later

TABLE I.—*Use of specialty's name across Europe.*

Name of Specialty	Number of Countries - EU Directive 2005/36 <sup>2</sup>	Number of Countries – White Book on PRM in Europe <sup>3</sup>
Physical and Rehabilitation Medicine	6	11
Physical Medicine and Rehabilitation	9	13
Rehabilitation Medicine	6	8
Physiatry	1	1
Rehabilitation and Physiatry	1	1
Functional Rehabilitation and Re-Education	1	
Physiatry, Balneology and Medical Rehabilitation	1	1
Physical Surgery		1
Total	25	36

on replaced by “Rehabilitation Medicine” (Table I).<sup>2,3</sup> The diversity of our specialty’s name and changes over time, can be explained by the historical development of PRM in Europe.<sup>4</sup> The changes reflect the shift from the scientific and professional origins of PRM to the integration of ICF model as a core concept.

The majority of the European PRM Bodies, more specifically the European Society of PRM, the PRM Section of the European Union of Medical Specialists (UEMS) and the European College of PRM have adopted the same name for the specialty. However, there is no uniformity between countries. The PRM Specialty is reported to exist in thirty-six countries participating in the UEMS PRM Section,<sup>3</sup> with considerable variability as it concerns its name (Table I).

Furthermore, there is an ongoing debate regarding the use of “physical” as a component of PRM specialty. A common source of confusion is the etymology and origin of the term, considering that “physical” refers to physical modalities and interventions, which would be significantly and erroneously reductive. In addition, a misinterpretation, particularly made by patients, is the interpretation of physical medicine as equivalent to naturopathic or complementary medicine. Etymologically, the term “physical” originates from the Greek word “φυσική” (physiki), which is an adjective used to define body structures, functions and activities. Although the Greek word “φύσις” (physis) means “nature” which denotes external world and which may refer to physical environment, the adjective “φυσική” (physiki) has a double use, meaning either natural and/or related to body structures, functions and activities. In this regard, the term “physical” in “physical activity,” “physical performance,” “physical examination” is used to define body structures, functions and activities, whereas in “physical modality” gets a completely different meaning, related to nature. It is noteworthy that the term, “physical” not only has connotations related to functioning, but also refers to environment as Tesio *et al.* argued and

proposed the use of both terms “physical” and “rehabilitation” as attributes to medicine for the denomination of our specialty to optimally cover its conceptual principles and broad contents.<sup>5</sup> Moreover, the authors suggest that the term “physical” should not be interpreted as the opposite of “mental” or “psychic.” On the contrary, it should be considered as a descriptor of the interaction between the person and the environment.<sup>5</sup> It may be argued that the lack of “physical” in the name of our specialty may lead to insufficient understanding of the conceptualization of PRM, overlooking its important focus on “functioning” (indeed, called “medicine of functioning”) in interaction with the “environment.”<sup>6</sup> It is well-known that the term “rehabilitation” does not have the same meaning in diverse contexts including health, law, and education and in even in health context itself which may lead to misunderstandings/misinterpretations of what rehabilitation includes.<sup>7</sup> This has been the reason that led Cochrane Rehabilitation to start the “rehabilitation definition for research purposes project” with a definition prioritizing an individual’s “capacity” as a target by addressing body functions and structures, activities and participation as well as performance by addressing contextual factors including environmental factors.<sup>8</sup> The definition of “rehabilitation” proposed by Cochrane Rehabilitation is a comprehensive and precise statement for research purposes.<sup>8</sup> If rehabilitation definition prioritizes aspects relevant to functioning and environment,<sup>8</sup> so the name of the specialty should contain references to those as the term “physical” connotes.

Despite the long-lasting discussions on adopting a uniform name across European countries, it seems that there is no consensus. The EBPRM fully understands that there are issues concerning the translation of the name in national languages, historical and cultural reasons, practical issues related to the ease and simplicity of use and administrative or bureaucratic reasons which prevent the universal use of a common name for our specialty. However, there are several arguments in supporting the use of a common

pattern for the denomination of our specialty at a European level. It would limit misinterpretations and optimally reflect the definition and scope of the specialty. We consider that the term “physical medicine” is historically and conceptually linked to our specialty. Therefore, the inclusion of “physical medicine” in the name is necessary.

The question how to express the “rehabilitation” part of the name of the specialty requires some debate. Shall the name be “Physical and Rehabilitation Medicine” or “Physical Medicine and Rehabilitation”? The rehabilitation interventions led by Physical Medicine and Rehabilitation/Physical and Rehabilitation Medicine physicians reach well beyond the boundaries of medicine. Many people with disabilities see themselves as healthy people and consider that their rehabilitation needs are not medical *stricto sensu*. As a result, the more general term “Rehabilitation” (Physical Medicine and Rehabilitation) is used in many countries. However, non-medical interventions are current in all fields of medicine and a significant number of interventions considered as medical are intended for healthy people. Therefore, “rehabilitation medicine” is not limited to strictly “medical” interventions but underlines that specialists in PRM are medical specialists with all the competencies this implies. Furthermore, “Physical and Rehabilitation Medicine” is the name of the specialty chosen by the leading umbrella organizations for specialists in PRM and their national specialist societies in Europe and world-wide.

In conclusion, the EBPRM has officially adopted the term “Physical and Rehabilitation Medicine” and recommends its universal use as the name of our specialty, as a reflection of its commitment not only on harmonization of

PRM training<sup>1</sup> but also for the concordance of the name of the specialty across European countries. For conceptual reasons, the use of abbreviated forms, such as “Physiatry” and “Rehab”, is rather discouraged.

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