



ORGANIZATION OF PHYSICAL AND REHABILITATION MEDICINE IN EUROPE

White Book on Physical and Rehabilitation Medicine (PRM) in Europe. Chapter 5. The PRM organizations in Europe: structure and activities

European Physical and Rehabilitation Medicine Bodies Alliance

ABSTRACT

In the context of the White Book of Physical and Rehabilitation Medicine (PRM) in Europe, this paper addresses the structure, organization and activities of PRM bodies in Europe.

There are four main bodies, the Section of Physical and Rehabilitation Medicine of the European Union of Medical Specialists (UEMS) very close to the European Union and is committed to define the professional competencies of PRM, the quality management and accreditation and with the Board the educational matters. The European College of PRM is served by the UEMS PRM Board and its main activities are analyzed below in the description of the Board of the UEMS PRM Section. The European Society of Physical and Rehabilitation Medicine (ESPRM) mainly dedicated to promoting research in rehabilitation and create a network of knowledge of PRM across the Europe. The European Academy of Rehabilitation Medicine mainly dedicated to defining the ethical issues in rehabilitation and finding strategies for better educational approaches in rehabilitation.

There are 2 further bodies (the regional Fora) aimed to create bridges across the Mediterranean area (Mediterranean Forum of PRM) and across the northern Europe including the eastern countries such as Russia, Belarus and Ukraine (Baltic and North Sea Forum of PRM). To support the knowledge, we have in Europe 7 main journals dedicated to Rehabilitation with a growing impact factor.

Last but not least the PRM bodies have an important role across the world with a connection with the International Society of PRM and WHO. The UEMS Section approved motion of international collaboration.

In conclusion, PRM activity in Europe is not limited to the official border but in the network included eastern countries and Mediterranean area. The European extended network is strongly connected with the international PRM bodies, first of all the International Society of PRM.

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Introduction

The White Book (WB) of Physical and Rehabilitation Medicine (PRM) in Europe is produced by the 4 European PRM Bodies and constitutes the reference book for PRM physicians in Europe. It has multiple values, including to provide a unifying framework for the European Countries, to inform decision-makers at the European and national level, to offer educational material for PRM trainees and physicians and information about PRM to the medical community, other rehabilitation professionals and the public. The WB states the importance of PRM, that is a primary medical specialty. The contents include definitions and concepts of PRM, why rehabilitation is needed by individuals and society, the fundamentals of PRM, history of PRM spe-

cialty, structure and activities of PRM organizations in Europe, knowledge and skills of PRM physicians, the clinical field of competence of PRM, the place of PRM specialty in the healthcare system and society, education and continuous professional development of PRM physicians, specificities and challenges of science and research in PRM and challenges and perspectives for the future of PRM.

The organization of Physical and Rehabilitation Medicine specialty in Europe has been developed in the years to allow on one side to improve the actual practices and on the other to make them uniform in the various European countries. In this chapter, the activities and programs of all the European relevant organization are presented. These includes:

— The European PRM Bodies joined for this third edition of the White Book to form the European PRM Bodies Alliance: they include the European Academy of Rehabilitation Medicine, the European Society of PRM, the PRM Section of the European Union of Medical Specialists (UEMS) and the European College of PRM (served by the UEMS PRM Board).

— The Regional Fora: the Mediterranean Forum of Physical and Rehabilitation Medicine and the Baltic and North Sea Forum of Physical and Rehabilitation Medicine

- The National PRM Societies in Europe
- The European multinational PRM Journals

Finally, the role of Europe in PRM activities across the world is presented.

European PRM Bodies

The Section of Physical and Rehabilitation Medicine of the European Union of Medical Specialists (UEMS)

Specialty was officially recognized in 1968 when, in Geneva (Switzerland), the World Health Organisation's Expert Committee on Medical Rehabilitation announced the existence of a new medical discipline: Physical Medicine and Rehabilitation.^{1, 2} Three years later, in 1971, the UEMS approved the creation of a Section under this name. More historical details for the development of PRM and the creation of PRM Section of the UEMS are described in chapter 4 above. Since

2001 the Section was reorganized to serve the multiple needs of the specialty within the European Union³ (www.euro-prm.org). It was divided in three committees (Figure 1).

— The Board (PRM Training and Education Committee)

— The Clinical Affairs Committee (for defining and accrediting the quality of clinical care in PRM)

— The Professional Practice Committee (for defining and protecting the Field of Competence of the PRM physicians)

THE BOARD AND THE TRAINING IN PRM

Since 1991, the educational affairs of the Section were given to the newly established Européenne College de Médecine Physique et de Réadaptation Fonctionnelle to act as the European Board, according to the provisions of the UEMS Specialist training. The route to start training is slightly different in each country but, despite different entry points to the specialist training program, the curriculum has much similarity across the continent. The European Board of PRM has the task of harmonizing specialist training across Europe, supported by the Basel Declaration and subsequent texts from UEMS⁴ and has taken on the following roles:

- European examination for recognition of specialist training leading to a fellowship;
- Continuing medical education & professional development used for ten-yearly revalidation of fellowship;
- Recognition of European trainers & training units through site visits.

The eventual aim of this harmonization is to produce specialists who can work across European health care systems and allow national medical authorities/employers to recognize the knowledge and expertise of the specialists who have been trained in another part of Europe. All aspects of the Section and Board, including the specialty's curriculum can be obtained through the Section's website at www.euro-prm.org.

THE CLINICAL AFFAIRS COMMITTEE (CAC) DEALS WITH THE QUALITY OF CARE IN PRM

— In accordance with the declarations of UEMS⁵⁻⁷ this committee sets up the procedure for European Accreditation of PRM Programs of Care (voted in 2004).⁸

THE ACTIVITIES OF THE UEMS PRM SECTION ARE ORGANIZED UNDER THE SUPERVISION OF THREE MAIN COMMITTEES

1. The Committee for Education = the European Board of PRM deals with Initial and Continuing Medical Education.
 - Training Curriculum and logbook, Certification of Specialists, of Trainers and of Training Centres, Accreditation of European CME/CPD events
2. The Committee for Clinical Affairs. It deals with the Quality of Care in PRM.
 - European Programme of Accreditation of the Quality of Care in PRM.
3. The Committee for Professional Practice deals with the domain of competence of PRM Specialists.

Figure 1.—The activities of the UEMS PRM Section.

Not based on legal obligations or financial advantages the only goal of this accreditation is to make people throughout Europe aware of the quality of PRM care proposed in Europe and to develop a European PRM culture of quality. The accreditation procedure was first conceived as a simple measure for selecting the programs of care that met a certain number of requirements, particularly organizational requirements. The procedure was based on a questionnaire posted online on the UEMS PRM website, which was then submitted to a five-members international jury. The questions concerned the program's target population, objectives and scientific bases, the role of the PRM physician, the means of implementation, the team organization and the evaluation of the results. Over the 2-years pilot phase 13 programs were thus accredited. Following several conclusions from the pilot phase, corrections were done to the questionnaire system which had the advantage of simplicity and the actual description of the program, which rapidly became more important than anything else in forming the opinions of the jury. The "Programme of care in PRM" is the structuring unit for describing the activities of our discipline, the evaluation of its results, and the negotiations for its financing. The programs that have already been accredited, and all the information about the new accreditation procedure can be found online at www.euro-prm.org. Also, an ongoing process in the CAC is to define minimum required European guidelines for clinical practice.

THE PROFESSIONAL PRACTICE COMMITTEE (PPC) DEALS WITH THE FIELDS OF COMPETENCE RELATED TO PRM

The primary objective of the PPC was to insure a single officially-recognized appellation for the PRM specialty in Europe. The expression, "physical and rehabilitation medicine", or a very close equivalent, is officially used in all European countries. Unfortunately, the Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications⁹ uses the term "physiotherapy". At the request of the PPC, UEMS has monitored this issue to make sure that the European Commission adopts the term "physical and rehabilitation medicine", following the amendment of the old Directive with a new one in 2013 concerning the recognition of the professional qualifications and the names of

medical specialties. A new definition of PRM was voted by the UEMS General Assembly in Antalya (Turkey) in October 2003. In addition, thanks to the joint action of the national delegates to the UEMS Council, our Section was able to obtain a vote on an amendment to the European definition of the Medical Act, adding the words "functioning", "rehabilitative" and "ethical".¹⁰ Under the impetus of the German, Swiss and Austrian delegates, the PRM Section of the UEMS decided to encourage the use of the International classification of functioning, disability and health (ICF) in clinical practice (Rennes, France; 30 March 2007). A working group on this subject was constituted in association with European Society of PRM (ESPRM).¹¹

As soon as the PPC was created in 2001, its members began writing a second White Book, revising the first White Book about PRM in Europe, which was published in 1989 by three European organizations (the European PRM Federation, the European Academy and the UEMS Section). The new White Book intended to describe the state of the PRM specialty in all its aspects: title, definition, content and organization of initial education programs, demographics, continuing education, scientific research and publications. It was co-edited by the UEMS PRM Section and European College (Board) and the European Academy of Rehabilitation Medicine in association with the European Society of Physical and Rehabilitation Medicine (ESPRM) and was published jointly by the *Journal of Rehabilitation Medicine*¹² and *Europa Medicophysica*.¹³ This third edition is designed to present the development of PRM in Europe.

MEMBERS

Full membership have the 28 European Union members along with Switzerland, Norway and Iceland. Israel, Serbia and Turkey are associate members. Several other European countries are observers (Montenegro, Former Yugoslav Republic of Macedonia (FYROM), Bosnia & Herzegovina, Georgia, Armenia, Russia, Ukraine). Within all these countries there are over 23.000 trained specialists and trainees. The UEMS therefore has a major task to make a relevant link between all these countries at a European level. The number of PRM physicians across the countries of Europe varies considerably. The general structure of PRM services across Europe is similar despite the differences

between healthcare systems. Proposals for clinical standards are being put together during this process in the form of practice based around health-related groups. Example of this last action are the creation of European Standards of Practice for patients in post-acute setting, the European card for patients with autonomic dysreflexia as well as the e-book on the field of competences part I and part II, the latter is now in progress.

European Society of Physical and Rehabilitation Medicine [ESPRM] (www.esprm.net)

Historical details are presented in chapter 4.

The mission of ESPRM is:

- To be the leading scientific European Society for physicians in the field of physical and rehabilitation medicine

- To improve the knowledge of fundamentals and the management of activities, participation and contextual factors of people experiencing or likely to experience disability.

- To improve and maintain a strong connection between research and clinical practice in PRM.

The ESPRM has membership from both individual members who are PRM physicians or from national PRM societies. Nowadays (2017), the latter are 35 in number (Austria, Belgium, Bulgaria, Croatia, Cyprus, Denmark, Estonia, Finland, France, Former Yugoslav Republic of Macedonia (FYROM), Georgia, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Montenegro, Norway, Portugal, Poland, Bosnia & Herzegovina, Romania, Serbia, Slovenia, Spain, Sweden, Switzerland, The Netherlands, Turkey, Russia, Ukraine). It also has cooperating societies coming from countries out of Europe (Israel, Jordan) or whose structure does not respond to the Statutes and bylaws of ESPRM (Malta).

The following Special Interest Scientific Committees (SISC) have been established: (1) Public Health, (2) Orthotics and Prosthetics, (3) Guidelines, (4) Persons with Pain and Disability, (5) Persons with Parkinson / Movement disorders, (6) Persons with Traumatic Brain Injury, (7) Persons with Musculoskeletal Disorders, (8) Sports Affairs, (9) Robotics in Rehabilitation, (10) PRM in Ageing Persons, (11) Evidence Based Medicine, (12) Persons with Spinal Cord Injury, (13) Persons with Stroke, (14) Ultrasounds in PRM and (15) Persons with

Peripheral Nerve Disorders. The following Congresses held by the European Society of Physical and Rehabilitation Medicine, have been the main events at which the activities of the society in the fields of research were promoted: Vienna 2004, Madrid 2006, Brugges 2008, Venice 2010, Thessaloniki 2012, Marseille 2014 and Estoril 2016. Furthermore, the role of the Society is strengthened with regards to its cooperation with other European PRM Bodies, which work at European level in the Physical and Rehabilitation Medicine field, as well as at worldwide level with the ISPRM (International Society of PRM).

Académie Médicale Européenne de Médecine de Réadaptation / European Academy of Rehabilitation Medicine (EARM) (www.aemr.eu)

The historical details for the Academy are presented in chapter 4.

The mission is:

- improve all aspects of the rehabilitation of disabled people;

- be a reference point in the scientific educational and humanitarian aspects of PRM;

- engage in moral and ethical debate;

- exchange information defining the field of rehabilitation and its terminology;

- ensure that education in rehabilitations part of the CV;

- support and help improve research in rehabilitation;

- introduce and defend the concept of rehabilitation.

- and facilitate exchange of PRM trainees and doctors between different countries.

This is made up of a maximum of 50 senior academic physicians from all over Europe and academicians focus on humanities and ethical issues in rehabilitation medicine and in disability. Some works on ethics are:

1. The ethical problems posed by the longer survival of a greater number of people who are entirely dependent and conscious.

2. Revealing the prognosis to a paralysed adult.

3. Ethical problems posed by sexuality for persons with disabilities living in institutional establishments.

4. Violence and handicap, published as a brief communication. Journal of Rehabilitation Medicine, 2006.

5. La réadaptation médicale des personnes âgées: défis et challenges humains, éthiques et médico – économiques Commission de Prospectives.

The EARM believes that Rehabilitation is better understood and practised if there is access to the best information and has launched a series of monographs. These books should be particularly useful for young physicians preparing for the European Board certification in PMR, for senior physicians specialised in PMR and allied disciplines looking for information and continuing medical education as well as for all the members of the rehabilitation team.

Books published in Academy's Collection by Springer France are:

— La Plasticité de la Fonction Motrice / The Plasticity of Motricity Function; by J.P. Didier. Springer. 2004;

— Sphincter Functioning / Les fonctions sphinctériennes. by Amarenco G., Chantraine A. (Eds.) (2006);

— Vocational Rehabilitation by Gobelet Charles. Franchignoni Franco (2006);

— Rehabilitation and palliation of cancer patients (Patient care) by Hermann Delbruck (2007);

— Rethinking physical and rehabilitation Medicine - New technologies induce new learning strategies by Didier Jean-Pierre Bigand Emmanuel (2010);

Moreover, the specially published book under the sponsorship of the Academy "Assessment in Physical Medicine and Rehabilitation: Views and Perspectives" by M. Barat and F. Franchignoni has been edited by Mageri Foundation Books in 2005.

For many years EARM, aiming at encouraging new researchers, has created an annual Academy prize to a publication in the PRM field (supported in the past by the Swiss Paraplegic Foundation and the last years by the non-profit Foundation for Rehabilitation Information with the Journal of Rehabilitation Medicine). The prize is officially awarded at each European Congress of Physical and Rehabilitation Medicine.

Regional Fora

The Regional Physical and Rehabilitation Medicine (PRM) Fora:

The Mediterranean Forum of PRM (MFPRM) and the Baltic and North Sea Forum of PRM (BNF-PRM)

In May 1996 was organised the first PRM Mediterranean Congress in Herzliya of Israel under the slogan

"Rehabilitation without frontiers" aiming to promote PRM worldwide and the quality of life of the disabled in the area of the Mediterranean basin. During this congress, a meeting took place under the title: "A Mediterranean PM&R Society, is it viable?"^{14, 15} It was decided to organize a biennial Mediterranean Congress and the 2nd congress was organized in Valencia in 1998. The Mediterranean Forum of Physical and Rehabilitation Medicine – MFPRM - was created at the 3rd Congress in Athens in 2000 and its members are individual PRM physicians coming from Mediterranean countries or countries with close vicinity with them. Since then the Mediterranean congress was organized in Syracuse 2002, Antalya 2004, Vilamoura 2006, Portorose 2008, Limassol 2010, Sorrento 2012, Budva 2013, Alexandria 2015 and Malta 2017. Based on the good experience from the MFPRM a discussion of a Baltic Forum started in 2003.¹⁶ A founder assembly was held in Riga in September 2007 and it was decided to include also the North Sea area into the Forum. It was decided that the Forum would be based on individual memberships. Since March 2010 the Baltic and North Sea Forum on Physical and Medical Rehabilitation – BNF-PRM is registered legally in Latvia. A policy declaration has been adopted by the board in Vilnius in September 2009¹⁶ and the present organization has an executive board an advisory board and four committees. There are two main reasons for the existence of BNF-PRM. The first one is that the Baltic and North Sea is a region with 16 countries having different languages and traditions as well as different health systems leading to differences in approach and strategy for rehabilitation. A second reason for BNF-PRM is the political history of the region. It was divided by the so-called "Iron Curtain" and almost no personal contacts between colleagues living in different sides of the border were possible and consequently there was no scientific communication and exchange.

Obviously, there are basic principles that are common for the MFPRM and BNF-PRM. The main goals of BNF-PRM and MFPRM are:^{16, 17}

1. to communicate and exchange knowledge in the field of Physical and Rehabilitation Medicine;

2. to create and evaluate concepts for PRM activities and discussing best practice

3. to stimulate creation of networks for scientific projects regarding different aspects of Rehabilitation research, multicenter trials and projects;

4. to support education and training in the field of PRM and facilitate exchange of young doctors and scientists *e.g.* organizing periodically congresses;

5. to influence national governments and incorporation of issues of rehabilitation into national health strategies;

6. to give opportunity for personal contacts;

7. to have a collaboration and a good cooperation with National and International scientific PRM bodies.

These two Regional Fora extend the PRM culture over the borders of European Community. In the South towards North Africa and West Asia (MFPRM) and in the North over the former “Iron Curtain” including Russia and other countries (BNF-PRM). Both Fora organise scientific congresses¹⁸⁻²¹ and summer schools for PRM residents and young specialists. The Euro-Mediterranean PRM Haim Ring School (EMPRMS)²² takes place every year in Syracuse with the sponsorship of SIMFER, UEMS, ESPRM and the MFPRM. In August 2014, the first Riga Summer School was organised. The “European Journal of PRM”, with the sub-title of “Mediterranean Journal of PRM”, is the MFPRM official journal and the Journal of Rehabilitation Medicine is the official journal of the BNF-PRM. The MFPRM website is www.mfprm.org; the BNF-PRM website is www.bnfprm.org.² The MFPRM and the BNF-PRM are unique and ever growing PRM Societies acting on a volunteer basis to achieve a scientific, cultural and humanitarian mission: to develop and harmonize “Rehabilitation across borders”. These Fora aim to create bridges of understanding and cooperation among Europe and the other countries contributing for better and peaceful regions “without frontiers”.

National PRM Societies in Europe

In Europe the national societies play a pivotal role in the development of Physical and Rehabilitation Medicine. The European Bodies exist to support National Societies in their task of developing PRM within their own country’s health economies, professional organizations and academic structures.

Every European country has a national society of Physical and Rehabilitation Medicine with different names and different historical origin. The role of the European Bodies is to harmonize the PRM practice and education across Europe and the national societies,

implement the European standards according to their specific and local experience.

A problem arises when in a single country there are more than one PRM societies and sometimes it is difficult to find the delegates to represent all of them.

Furthermore, the national societies are organized differently in the different countries: in some there is one society covering all aspects (*e.g.* The Netherlands). In others, there are different societies (*e.g.* Italy, Belgium, France) covering respectively the scientific, professional and synodical matters.

The role of the European Bodies is to harmonize the PRM practice and education across Europe and the national societies for carrying out the implementation of the European standards according with their specific local experience.

All the national societies of the member countries have their delegates to the PRM Section and Board of UEMS and participate in the regular general assemblies that are organized twice per year.

Usually in the same week there is the meeting of the delegates of ESPRM, where there are representatives of all the member societies for the assembly and individual members.

The ‘European Academy of Rehabilitation Medicine’ members are not directly connected to national societies but are involved directly after an individual application evaluated from the Academy.

PRM is recognized as a core service in each of the member states of the Greater European space and the newer associate and observing countries also adopt the same principles.

Most of the national societies (NS) of the specialists in Physical and Rehabilitation Medicine in Europe are members of the European Society of PRM. In fact, one of the goals of the European Federation of Physical Medicine and Rehabilitation, that was founded in 1963, was the promotion in each European country of a national PRM scientific society and an organization to defend the general interests of the PRM physicians. In 2003, when ESPRM was founded as a successor of the European Federation of PRM, there were 21 National societies–members. Some of the countries like Latvia and Turkey have more than one National Society of PRM physicians. It is very encouraging and informative about the growing influence of ESPRM, that the interest among the NS of joining ESPRM is increasing. In 2015,

the Russian and the Ukrainian Societies joined that encompass a large number of “Physiotherapy Physicians” or other related medical specialization courses with a curriculum different from European Specialisation of PRM. In order to harmonize the specialization curriculum, they are undergoing transition to the European model of the specialty with the support of the UEMS PRM Section and Board.

ESPRM includes not only NS of member states of the European Union but as it is evident by the list of the members it includes almost all the European countries.

The ESPRM had 17,238 active members from the NS in 2016. The percentage of PRM physicians that are members of their national society varies between the countries. For example, in Germany only 21% of the PRM physicians are members of the German PRM Society, while in Italy this percentage reaches 80% and 95% in the UK. Some of the national societies have also other medical specialists and other professionals as full or associate members (*e.g.* Austria, Czech Republic, Hungary, Ireland, Poland, Russia, Slovakia, Switzerland, UK and Malta).

Within the European countries there are 20,655 PRM physicians. The number of PRM physicians across Europe varies considerably and Table I shows the demographic details. The number of PRM physicians per 100 000 inhabitants also varies in the different countries — from 10.4 (in Estonia) to 0.2 (in Ireland, Malta and UK).

Interest in the specialty is growing at a European level — the percentage of trainees of the number of PRM physicians varies from 36% in UK to 2% in Russia. This usually depends on the prestige and position of the specialty among the other medical specialties and the rehabilitation needs of the population. Other countries with a higher number of trainees in comparison with the practicing PRM physicians are Slovenia 32%, Norway 19%, Netherlands 22%, Turkey 22% (Table I).

There are national societies in Europe with very old traditions, founded in the 1920s, like the Romanian Society of Rehabilitation Medicine. Other societies with longer history are the Turkish League against Rheumatism (since 1947), Croatian Society of Physical and Rehabilitation Medicine (since 1947), Austrian Society of Physical Medicine and Rehabilitation (since 1950), Spanish Society of PRM (since 1954). There are also younger societies, like that of Ukraine and Malta, founded in 2014. As an old specialty in all the European Countries Physical and Rehabilitation Medicine physi-

cians have created their professional and scientific organizations (Table II).

The main goal of the National PRM societies is to promote the development of Physical and Rehabilitation Medicine and ensure good rehabilitation care to persons experiencing or are likely to experience disability, to promote the specialty of PRM and the profession of PRM and to develop the Rehabilitation services. The mission and activities of the Societies include propagation of the development of a scientific knowledge regarding rehabilitation, endorsement of scientific research, promotion of education in rehabilitation and popularization of the idea of comprehensive rehabilitation for the benefit of those who need it, increasing the expertise of members.

Some of the societies have mainly scientific and educational goals, related to the professional development of the specialists, while others are engaged in defending the professional interests of PRM physicians, defining the competences of PRM physicians, their relations with the other members of the team, with the other medical physicians and other health professionals. They focus on creating clinical guidelines, clinical standards of good practice and facilitate the specialty to undertake the required research to develop it further. There are societies that cover all these fields. The national PRM societies organize regular scientific events in PRM — conferences and congresses and are responsible about the continuing medical education.

The strength of the societies is that they involve growing number of PRM physicians devoted to the development of PRM, for increased scientific level and activities, very well organized congresses and continuing medical education, good cooperation with other national and international societies, institutions, and organizations involved in rehabilitation.

The weakness usually includes low or difficult communication with the government and with financing providers, not enough activities and strength in defending the professional interests of the PRM physicians and in some countries — low communication with other specialists and not a regular number of the active members.

Most NSs issue their own scientific journal. Others, like the Hellenic Society, use the European Journal of PRM as a National journal. Some of the national journals participate in the European PRM Journals Network that was founded in 2010 with main goals to create the

TABLE I.—Epidemiology of the Physical and Rehabilitation Medicine specialty in Europe. PRM: Physical and Rehabilitation Medicine. For number of physicians and specialists data comes from Eurostat (online data codes: hlth_rs_prs1 and hlth_rs_spec). * Total and total percentages have been calculated only for the available data.

	Population	Physicians		Specialists		Practising PRM physicians			PRM trainees		% of PRM physicians
	1000 inhabitants	N.	N.	% of physicians	N.	% of specialists	% of physicians	N.	% of PRM physicians	per 100.000 inhabitants	
Austria	8474	44002	22204	50%	343	1,5%	0,8%			4,05	
Belgium	11200	34020	19399	57%	550	2,8%	1,6%	68	12%	4,91	
Bulgaria	7090	29038	23191	80%	450	1,9%	1,5%	29	6%	6,35	
Croatia	4253	13430	9355	70%	397	4,2%	3,0%	53	13%	9,33	
Cyprus	1141	3032	2056	68%	9	0,4%	0,3%			0,79	
Czech Republic	10520	38776	38499	99%	816	2,1%	2,1%	100	12%	7,76	
Denmark	5614	20639	9092	44%							
Estonia	1325	4052	3297	81%	137	4,2%	3,4%			10,34	
Finland	5439	17511	9953	57%	240	2,4%	1,4%			4,41	
France	66030	207789	112100	54%	1927	1,7%	0,9%	340	18%	2,92	
FYROM	2107	5975	3612	60%	130	3,6%	2,2%	16	12%	6,17	
Georgia	10100	20000	10000	50%	400	4,0%	2,0%	15	4%	3,96	
Germany	80620	338129	188476	56%	1800	1,0%	0,5%	150	8%	2,23	
Greece	11030	68401	47531	69%	210	0,4%	0,3%	35	17%	1,90	
Hungary	9897	30486	25000	82%	350	1,4%	1,1%	30	9%	3,54	
Ireland	4595	13446	5590	42%	11	0,2%	0,1%	2	18%	0,24	
Israel	7940	27000			150		0,6%	40	27%	1,89	
Italy	59801	233102	162281	70%	3500	2,2%	1,5%	490	14%	5,85	
Latvia	2013	6324	4699	74%	130	2,8%	2,1%	20	15%	6,46	
Lithuania	2956	12605	9026	72%	398	4,4%	3,2%	38	10%	13,46	
Luxembourg	536	1656	1067	64%	16	1,5%	1,0%	1	6%	2,99	
Malta	432	1636	817	50%	1	0,1%	0,1%			0,23	
Montenegro	631	1466	1045	71%	55	5,3%	3,8%	2	4%	8,72	
Netherlands	16800	58858	30918	53%	550	1,8%	0,9%	120	22%	3,27	
Norway	5282	22848	8683	38%	261	3,0%	1,1%	50	19%	4,94	
Poland	38530	88437	68609	78%	2047	3,0%	2,3%	160	8%	5,31	
Portugal	10296	47792	22323	47%	550	2,5%	1,2%	100	18%	5,34	
Romania	19322	54807	36971	67%	800	2,2%	1,5%			4,14	
Russia	143436				1730			380	22%	1,21	
Serbia	8806	21840	13658	63%	693	5,1%	3,2%	34	5%	7,87	
Slovakia Rep.	5431	18719	22100	118%	537	2,4%	2,9%	90	17%	9,89	
Slovenia	2072	5830	3685	63%	78	2,1%	1,3%	25	32%	3,76	
Spain	46054	178600	103325	58%	2000	1,9%	1,1%	350	18%	4,34	
Sweden	9876	40637	20573	51%	260	1,3%	0,6%	40	15%	2,63	
Switzerland	8420	34762	18621	54%	227	1,2%	0,7%	35	15%	2,70	
Turkey	79791	141259	6956	5%	2300	33,1%	1,6%	505	22%	2,88	
Ukraine	44500	160912	89560	56%	0	0,0%	0,0%	0	0%	0,00	
United Kingdom	65180	181673	121211	67%	159	0,1%	0,1%	58	36%	0,24	
TOTAL*	817540	2229489	1275483	58%	24212	1,8%	1,0%	3376	15%	2,96	

widest possible readership of the papers published in the European Journals (Table II).

PRM scientific Activities and their representation in Europe – European PRM Multinational

Scientific journals are key actors of PRM in Europe, since they serve for the development of science and re-

search in our field. Obviously, journals have an international role in what they publish, but in PRM there are at least two main factors that make the location of a journal crucial. In fact, PRM is “scientifically” young,²³ and tradition continues to play a role for treatments, whose evidence is not high, but are nevertheless offered in specific geographical areas (e.g. some modalities, balneology, spa therapy etc.). Moreover, in PRM con-

TABLE II.—Names of National Scientific and Professional Physical and Rehabilitation Medicine Societies in Europe and their Official Journals.

Country	National Society	Name of the Scientific Society In local language	Year of foundation	Name of Professional Society	Journal
Austria	Austrian Society of Physical Medicine and Rehabilitation	Österreichische Gesellschaft für Physikalische Medizin und Rehabilitation	1950	NA	
Belgium	Belgian Society of Physical Medicine and Rehabilitation	Société Royale Belge de Médecine physique et Réadaptation Koninklijke Belgische Vereniging Voor Fysische Geneeskunde & Revalidatie	1910	VBS FGR/GBS MPR	
Bosnia & Erzegovina	Association of Psychiatrists of Republic of Srpska	Udruženje Fizijatara Republike Srpske	2000	NA	
Bulgaria	Association of Physical Medicine and Rehabilitation	Асоциация по Физикална медицина и рехабилитация	1964	NA	Fizikalna Medicina. Rehabilitasia. Sdrave
Croatia	Croatian Society of Physical and Rehabilitation Medicine	Hrvatsko društvo za fizikalnu i rehabilitacijsku medicinu, Hrvatski liječnički zbor	1947		Fizikalna i rehabilitacijska medicina
Cyprus	Cyprus Society of Physical Medicine and Rehabilitation	Κυπριακή Εταιρεία Φυσικής Ιατρικής και Αποκατάστασης	1987	NA	
Czech Republic	Society of Rehabilitation and Physical Medicine of Czech Medical Association of J.E. Purkyne	Společnost Rehabilitační A Fyzikální Medicíny (SRFM)	1967		Rehabilitace a Fyzikalni Lekarstvi
Denmark					
Estonia	Estonian Society of Physical and Rehabilitation Medicine Doctors	Eesti Taastusarstide Selts	1992		
Finland	Finnish Society of Physical and Rehabilitation Medicine	Societas Medicinae Physicalis et Rehabilitationis Fenniae ry	1956		
France	French society of Physical and Rehabilitation Medicine	Société Française de Médecine Physique et de Réadaptation SOFMER	1974	French Union of Physical and Rehabilitation Medicine - Syndicat français de MPR (SYFMER)	Annals of Physical and Rehabilitation Medicine
FYROM	Association of doctors for physical medicine and rehabilitation	Sdrusenie na doktori po fizikalna medicina I rehabilitacija	1955		
Georgia	Georgian Physical Therapy association		2003	Georgian Physical Medicine Association	
Germany	German Society for Physical Medicine and Rehabilitation - Scientific Society for Physical Medicine and Rehabilitation, Balneology and Medical Climatology (DGPMR)	Deutsche Gesellschaft für Physikalische Medizin und Rehabilitation		Professional Association of Physical and Rehabilitation Medicine (BVPhysical and Rehabilitation Medicine) - Berufsverband der Rehabilitationsartse	Physikalische Medizin Rehabilitationmedisin Kurortmedizin Journal of Physical and Rehabilitation Medicine
Greece	Hellenic Society of Physical and Rehabilitation Medicine (HSPPhysical and Rehabilitation Medicine)	Ελληνική Εταιρεία Φυσικής Ιατρικής και Αποκατάστασης (ΕΕΦΙΑΠ)	1974	NA	European Journal of Physical and Rehabilitation Medicine Rehabilitáció
Hungary	Hungarian Rehabilitation Society	Magyar Rehabilitációs Társaság	1966		
Ireland	Irish Association of Rehabilitation Medicine	Irish Association of Rehabilitation Medicine	1989		
Israel	Physical Medicine and Rehabilitation	מוקישו תל קידיפ האופר	1948		
Italy	Italian Society of Physical and Rehabilitation Medicine	SIMFER Società Italiana di Medicina Fisica e Riabilitazione	1958	Italian Union of Physical and Rehabilitation Medicine physicians - Sindacato italiano Medici Medicina Fisica e Riabilitativa - SIMMFiR	European Journal of Physical and Rehabilitation Medicine
Latvia	Latvian Society of The Physical and Rehabilitation Medicine Doctors	Latvijas Fizikālās Un Rehabilitācijas Medicīnas Ārstu Biedrība	1998	the Association of Latvian Rehabilitation physicians - Latvijas ārstu Rehabilitologu asociācija	

(To be continued)

TABLE II.—Names of National Scientific and Professional Physical and Rehabilitation Medicine Societies in Europe and their Official Journals (continues).

Country	National Society	Name of the Scientific Society In local language	Year of foundation	Name of Professional Society	Journal
Lithuania					
Luxemburg	Luxemburgish Society of Physical and Rehabilitation Medicine	Société luxembourgeoise de médecine physique et de réadaptation	1993		
Malta	Malta Physical & Rehabilitation Medicine Association	Malta Physical & Rehabilitation Medicine Association	2013		
Montenegro					
Netherlands	Netherlands Society of Rehabilitation Medicine	Vereniging van Revalidatieartsen	1955		Nederlands Tijdschrift Revalidatiegeneeskunde (NTR).
Norway	The Norwegian Society of Physical Medicine and Rehabilitation	Norsk Forening for Fysikalsk medisin og Rehabilitering. NFFR.	1977	The Norwegian Association of Physical and Rehabilitation medicine - Norsk Forening for Fysikalsk medisin og Rehabilitering (NFFR)	
Poland	Polish Rehabilitation Society	Polskie Towarzystwo Rehabilitacji	1989		Postępy Rehabilitacji (eng. Advances in Rehabilitation)
Portugal	Portuguese Society of Physical and Rehabilitation Medicine	Sociedade Portuguesa de Medicina Física e de Reabilitação	1953		Revista da Sociedade Portuguesa MFR
Romania	Romanian Society of Rehabilitation Medicine	Societatea Romana de Reabilitare Medicala	1922		Romanian Journal of Rehabilitation Medicine
Russia	All-Russian Union Rehabilitators (ARUR)	Союз реабилитологов России (СРР)	2013		Herald of Regenerative medicine
Serbia	Serbian Association of Physical and Rehabilitation Medicine	Udruženja za fizikalnu i rehabilitacionu medicinu Srbije	1952		Balneoclimatology
Slovakia	Slovak Society of Physical and Rehabilitation Medicine	Slovenská spoločnosť fysiatrie, balneológie a liečebnej rehabilitácie	1975		Rehabilitácia
Slovenia	Slovenian Society for Physical and Rehabilitation Medicine	Slovensko Sdrúženje sa fizikalno in rehabilitacijsko medicino	1998		Rehabilitacija
Spain	Spanish Society of Physical and Rehabilitation Medicine	Sociedad Española de Rehabilitación y Medicina Física	1954		Rehabilitación
Sweden	Swedish Society of Rehabilitation Medicine	Svenst Forening for Rehabilitering medicin	1969		Journal of Rehabilitation Medicine
Switzerland	Swiss Society of Physical and Rehabilitation Medicine	German: Schweizerische Gesellschaft für Physikalische Medizin und Rehabilitation French: Société Suisse de Médecine physique et de Réadaptation Italien : Società Svizzera di Medicina fisica e Riabilitazione	1930		
Turkey	Turkish League Against Rheumatism	Türkiye Romatizma Araştırma ve Savaş Derneği	1947		Archives of Rheumatology
	Turkish Society of Physical Medicine and Rehabilitation	Türkiye Fiziksel Tıp ve Rehabilitasyon Derneği	1958		Turkish Journal of Physical Medicine and Rehabilitation
	Turkish Society of Rehabilitation Medicine	Türk Tıbbi Rehabilitasyon Kurumu Derneği	1978		
	Turkish Society of Physical Medicine and Rehabilitation Specialists	Türkiye Fiziksel Tıp ve Rehabilitasyon Uzman Hekimleri Derneği	1996		Journal of Physical Medicine and Rehabilitation Sciences
Ukraine	Ukrainian Society of Physical and Rehabilitation Medicine	Громадська організація “Українське товариство фізичної та реабілітаційної медицини”	2014		Physical rehabilitation and sports medicine
United Kingdom	British Society of Rehabilitation Medicine	British Society of Rehabilitation Medicine	1984		Clinical Rehabilitation

TABLE IIIA.—Two main bibliometric indices of the Journals of Physical and Rehabilitation Medicine with a multinational distribution in the Journal citation Report (category rehabilitation, 2012-2016).

	Impact Factor at 2 years (position out of 65)					Impact Factor without self-citation (position out of 65)				
	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016
Ann Phys Rehabil Med	-	-	-	-	-	-	-	-	-	-
Eur J Phys Rehabil Med	2.06 (15)	1.95 (14)	1.90 (17)	2.06 (12)	1.83 (20)	1.69 (14)	1.50 (21)	1.47 (23)	1.77 (13)	1.76 (17)
J Rehabil Med	2.13 (14)	1.89 (16)	1.68 (23)	1.59 (25)	1.68 (27)	1.88 (11)	1.72 (14)	1.52 (20)	1.46 (26)	1.53 (28)
Clin Rehabil	2.19 (13)	2.18 (11)	2.249 (10)	2.40 (10)	2.82 (9)	2.09 (9)	2.02 (11)	2.06 (10)	2.25 (8)	2.61 (8)
Int J Rehabil Research	1.05 (43)	1.14 (39)	1.28 (37)	1.25 (40)	1.26 (38)	0.98 (37)	0.94 (41)	1.14 (35)	1.11 (36)	1.1 (41)
Phys Med Rehab Kuror	0.26 (59)	0.45 (59)	0.33 (62)	0.25 (64)	0.26 (63)	0.11 (61)	0.28 (59)	0.27 (61)	0.14 (64)	0.19 (63)
Rehabilitación (Madr.)	-	-	-	-	-	-	-	-	-	-

TABLE IIIB.—Two main bibliometric indices of the Journals of Physical and Rehabilitation Medicine with a multinational distribution in the Scimago data Base (category rehabilitation, 2012-2016).

	Cites per doc - 2 years (position out of 119)					Scopus SCImago Journal Rank (position out of 119)				
	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016
Ann Phys Rehabil Med	1.41 (34)	1.40 (35)	1.50 (34)	1.80 (22)	1.69 (22)	0.59 (31)	0.54 (39)	0.47 (44)	0.51 (45)	0.58 (38)
Eur J Phys Rehabil Med	2.23 (15)	2.24 (15)	2.20 (15)	2.23 (11)	1.70 (21)	0.72 (23)	0.73 (23)	0.82 (18)	0.78 (22)	0.81 (17)
J Rehabil Med	2.73 (7)	2.32 (13)	1.99 (20)	1.84 (19)	1.81 (16)	1.20 (8)	1.03 (12)	1.07 (10)	0.91 (14)	0.90 (14)
Clin Rehabil	2.48 (9)	2.64 (9)	2.99 (8)	2.72 (9)	2.42 (9)	1.17 (10)	0.99 (15)	1.12 (7)	1.14 (9)	1.19 (8)
Int J Rehabil Research	1.23 (36)	1.37 (37)	1.42 (36)	1.44 (34)	1.37 (33)	0.513 (35)	0.50 (44)	0.61 (34)	0.57 (39)	0.62 (33)
Phys Med Rehab Kuror	0.27 (78)	0.32 (72)	0.26 (87)	0.22 (88)	0.27 (83)	0.164 (83)	0.19 (79)	0.17 (85)	0.18 (84)	0.19 (81)
Rehabilitación (Madr.)	0.18 (88)	0.06 (104)	0.15 (96)	0.11 (99)	0.13 (95)	0.14 (91)	0.10 (113)	0.13 (98)	0.11 (102)	0.12 (99)

textual factors play a major role in determining the local therapeutic offer:^{24, 25} while Europe as a whole is different from other continents, still there are differences between north and south, but also west and east Europe. All these may have an impact on European journals.

ESPRM decided some years ago to define the “Core PRM Journals” according to specific and strict criteria:^{26, 27} in the first 2008 set 3 European journals (Journal of Rehabilitation Medicine, Clinical Rehabilitation, Disability and Rehabilitation) and 2 American journals have been included. Some years later, in 2013, the list expanded to include 2 more European journals (European Journal of Physical and Rehabilitation Medicine and International Journal of Rehabilitation Research). In these years also a European Network of National Journals have been created but not fully developed.^{28, 29}

All European Bodies have their official Journals and we will first review them: we will then present the other multinational journals, i.e. those with interest spread in more than one country. The last years, standings of the European Journals in the most important Indexes are listed in Table III. Their fundamentals are listed in Table

TABLE IV.—Fundamentals of the Journals of Physical and Rehabilitation Medicine with a multinational distribution.

	Language	Issues per year	Rejection rate	First answer time (days)	Publication time (months)
Ann Phys Rehabil Med	English	6	75%	30	4
Eur J Phys Rehabil Med	English	6	73%	30	7
J Rehabil Med	English	10	65%	30	2
Clin Rehabil	English	12	86%	14	2
Int J Rehabil Research	English	4	70%	7	6
Phys Med Rehab Kuror	German and English	6			
Rehabilitación (Madr.)	Spanish (English accepted)	4	56%	60	E-pub: 10 Print: 11

IV and the main contents in Tables V. Country representation in Table VI.

Annals of Physical and Rehabilitation Medicine (APRM) – Official Journal of UEMS-PRM Section

The Journal is indexed in MEDLINE, Web of Science, and SCImago.

TABLE V.—Thematic contents of European journals in 2015.

	Neuro-logical	Musculo-skeletal	Cardio-pneumo-logical	General rehabilitation	Others
Ann Phys Rehabil Med	40%	25%	20%	10%	5%
Eur J Phys Rehabil Med	37%	35%	8%	11%	9%
J Rehabil Med	55%	23%	4%	20%	3%
Clin Rehabil	48%	28%	4%	6%	14%
Int J Rehabil Research	37%	25%	1%	25%	12%
Phys Med Rehab Kuror Rehabilitación (Madr.)	34%	24%	12%	15%	15%

Categories of papers include: original clinical, epidemiological and research articles, review articles, editorials and guidelines. At the discretion of the editor in chief, 20-30% of published papers are immediately put in free access. All papers are in free access at one year. Publications in the Annals of PRM are free of charge.

European Journal of Physical and Rehabilitation Medicine (EJPRM) – Official Journal of ESPRM and UEMS-PRM Section and Board

The Journal is indexed in CINAHL, Current Contents/Clinical Medicine, EMBASE, PubMed/MEDLINE, Science Citation Index Expanded (SciSearch), Scopus.

Categories of papers include: original articles, systematic reviews and meta-analysis, guidelines, special articles, case reports and letters. It regularly co-publishes Cochrane reviews and a Cochrane Corner since 2007. EJPRM requires authors to follow publishing guidelines (www.equator-network.org).

Areas of interest: clinical papers in all PRM subspecialties (neurological, musculoskeletal, cardiopulmo-

nary, pediatric, general rehabilitation, others). Since 2006 (first among PRM journals worldwide) it gives readers’ open access with free-full text accessible online.

Journal of Rehabilitation Medicine (JRM) – Official Journal of UEMS PRM Board and EARM

The Journal is indexed in MEDLINE. PubMed Categories of papers include: original articles, reviews, case reports, short communications, short reports and letters. Areas of interest: functional assessment and intervention studies, clinical studies in various patient groups, methodology in PRM, epidemiological studies on disabling studies and reports on vocational and socio-medical aspects of rehabilitation. From 2017 JRM will be a completely online journal with immediate open access from the actual open access after 6 months.

Clinical Rehabilitation (CR)

The Journal is indexed (among the others) by ASSIA, CINAHL, Current Contents / Clinical Medicine, EMCare, MEDLINE, PsycINFO, Science Citation Index, Scopus.

Categories of papers include: original papers, systematic reviews, Rehabilitation in Practice articles correspondence relating to published papers and short reports. Areas of interest include: goal setting, describing interventions evidence based for rehabilitation, theoretical base for rehabilitation. The editor always considers whether a paper is relevant to a practicing clinician of any profession. It covers functional disorders, all ages, every intervention and all methods. Open access is available on payment of a fee.

TABLE VI.—Geographic representation of European journals.

	Europe	Countries (%)				
		1st	2nd	3rd	4th	5th
Ann Phys Rehabil Med	65%	France	USA	Canada	Belgium	Germany
Eur J Phys Rehabil Med	58%	Italy (35%)	Turkey (6%)	Germany (6%)	Brasil (5%)	France (5%)
J Rehabil Md	60%	Netherlands (16%)	Sweden (11%)	Australia (7%)	Denmark (5%)	USA (5%)
Clin Rehabil	49%	UK (18%)	China (9%)	Netherlands (8%)	Australia (7%)	Canada (6%)
Int J Rehabil Research	64%	Italy (15%)	USA (7%)	Netherlands (6%)	Sweden (6%)	Australia (5%)
Phys Med Rehab Kuror Rehabilitación (Madr.)	81%	Spain (78%)	Colombia (11%)	Chile (4%)	Switzerland (4%)	-

International Journal of Rehabilitation Research

The Journal is indexed in PubMed/MEDLINE, Science Citation Index Expanded, Social Sciences Citation Index, Current Contents (Social & Behavioural Sciences and Clinical Medicine), Scopus, SCImago, Engineering information and PsycINFO. It is a member of the Committee on Publication Ethics (COPE) which aims to define best practice in the ethics of scientific publishing (www.publicationethics.org). Categories of papers include: original articles, review articles, brief reports, case reports and letters. Areas of interest: functioning and disablement throughout the life cycle; rehabilitation programs for persons with physical, sensory, mental, and developmental disabilities, measurement of functioning and disability, special education and vocational rehabilitation, equipment, access and transportation, information technology, independent living, consumer, legal, economic and socio-political aspects of functioning, disability and contextual factors. The Journal is available through individual and institutional subscription, and accessible online through Ovid at institutions worldwide.

Physikalische Medizin – Rehabilitationsmedizin – Kurortmedizin - Journal of Physical and Rehabilitation Medicine (JPRM)

The journal is indexed in Scopus and Science Citation Index Expanded, Categories of papers include: original research, clinical case reports and reviews, guidelines and educational articles, CME material, congress abstracts, society news, editorial material and summaries of the latest research. Areas of interest: scientific and educational articles both in physical medicine and rehabilitation Reviewed and accepted articles are published online ahead of print to ensure rapid dissemination of knowledge.

Rehabilitación (Madr.) (RM)

The Journal is indexed in Eventline, Bibliomed, Sedbase, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Scopus, Pascal and Indice Bibliográfico Español en Ciencias de la Salud (IBECS). Categories of papers include: original articles, reviews, case reports, letters to the editor, special articles and editorials. Its main goal is to provide evidence basis to

improve interdisciplinary rehabilitation care. Thus, the scope of the journal includes clinical and basic research papers on rehabilitation field that may improve knowledge and skills of the readership (physiatrists, physical therapists, occupational therapists and other allied health professionals). The journal is mailed to all SERMEF members (which are more than 1700 professionals). At this moment, it has not Open access but only for some specific articles.

Disability and Rehabilitation

‘Disability and Rehabilitation’ and ‘Disability along with Rehabilitation’: Assistive Technology are international multidisciplinary journals which seek to encourage a better understanding of all aspects of disability and to promote rehabilitation science, practice and policy aspects of the rehabilitation process. Disability and Rehabilitation publishes Reviews, Research Papers, along with sections on Rehabilitation in Practice, Perspectives in Rehabilitation and Case Studies along with occasional Letters, Papers focused on assistive technology are especially appropriate for Disability and Rehabilitation. Assistive Technology, submissions covering a wide range of topics on disability and rehabilitation from researchers and practitioners across all disciplines working in the field are encouraged. The journals welcome both quantitative and qualitative research along with multidisciplinary perspectives to embrace a wide range of professionals. Both journals also publish peer-reviewed special issues as appropriate.

The role of Europe in PRM activities across the world

The umbrella organization of PRM physicians worldwide is the International Society of Physical and Rehabilitation Medicine (ISPRM).³⁰

ISPRM has three mandates: a humanitarian or civil societal, a professional one and a scientific one.^{31, 32} To achieve its goals ISPRM relies first on its memberships which includes members of national societies, including all European PRM societies as well as individual members, In addition, ISPRM collaborates with regional bodies, including in Europe the European Academy of Rehabilitation Medicine (EARM), the European Society of Physical and Rehabilitation Medicine (ESPRM)

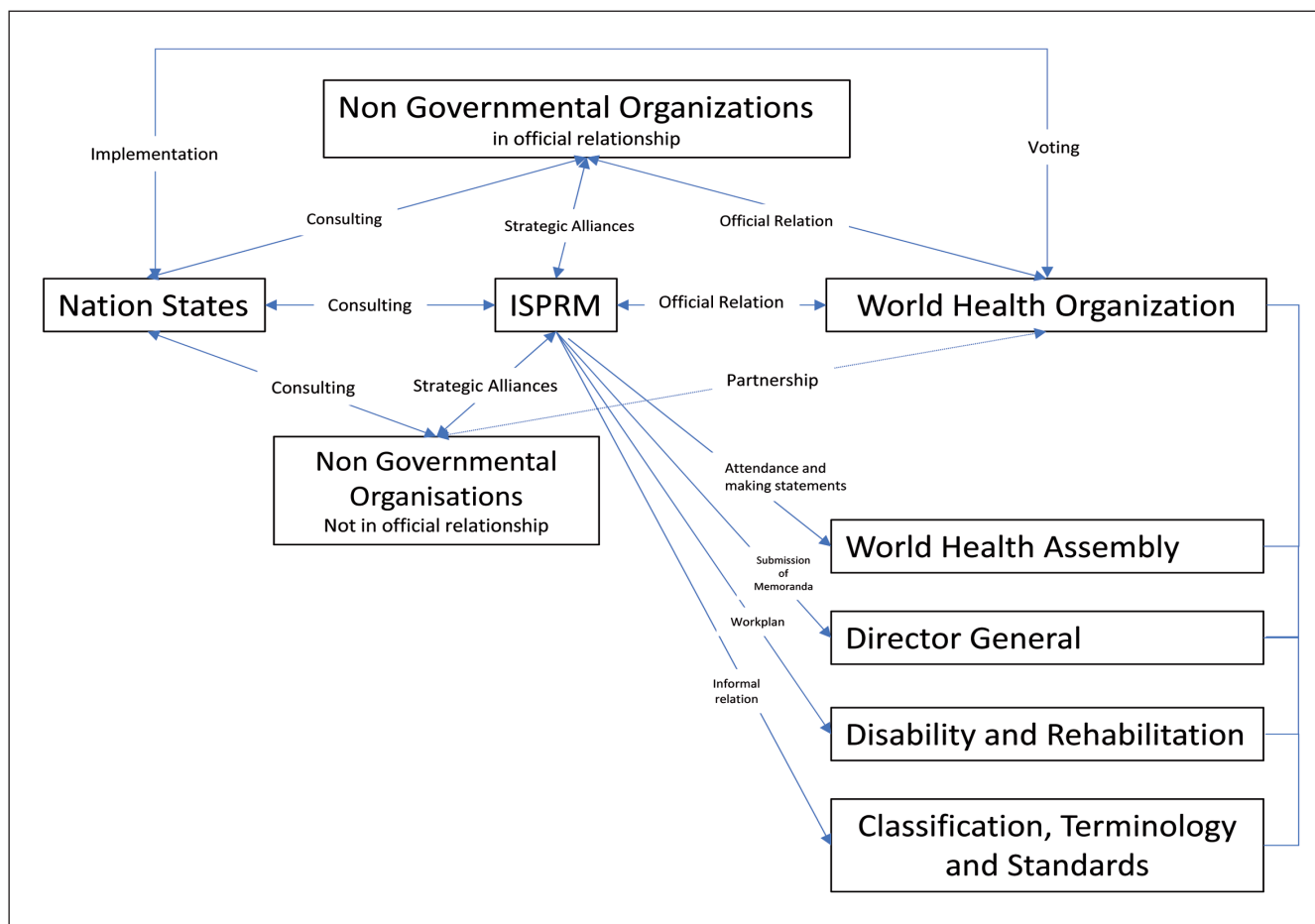


Figure 2.—Pathways of political influence on the World Health Organization (WHO) by a non-governmental organization (NGO) in official relation. CTS: Classification, Terminology and Standards; DAR: Disability and Rehabilitation; ISPRM: International Society of Physical and Rehabilitation Medicine; WHA: World Health Assembly. Adapted from: Reinhardt JD, von Groote PM, Delisa JA, John L, Bickenbach JE, Li LSW. Chapter 3: International non-governmental organizations in the emerging world society: the example of ISPRM. *J Rehabil Med Preview*, 2009;(6), 810-22. <http://doi.org/10.2340/16501977-0430>

and the Physical and Rehabilitation Medicine Section of the European Union of Medical Specialists (UEMS PRM Section), through mutual recognition agreement and a joint work plan. Outside the field of PRM, ISPRM is collaborating with other NGOs and most importantly with World Health Organisation (WHO) (Figure 2).³²

An important role is played from the regional fora: The North and Baltic Forum of PRM that includes the nearby regions in north Europe Such as Russia, Ukraine and The Mediterranean Forum of PRM that includes all the Mediterranean basin region.

The basis of the official relationship with WHO is a mutually agreed three-year plan for collaboration,

for which once every three years the WHO Executive Board reviews the results. The most important current topics of the collaboration work plan include the system-wide implementation of the International Classification of Functioning, Disabilities and Health (ICF) in PRM, rehabilitation and health care systems at large, the establishing of learning health system across countries worldwide exemplified for the situation of persons living with Spinal Cord Injury³³ and the strengthening of rehabilitation services worldwide.³⁴ Significant contributions of Europe in the context of the current work plan is the development of National Rehabilitation Quality Management Systems³⁵ including the specification

of rehabilitation services applying ICSO-R,³⁶ Clinical Assessment Schedules,³⁷ the European-wide implementation of culturally adopted versions of the clinical assessment schedules tool^{35, 38, 39} and the development of metrics for the standardized reporting of data collected with a range of data collection tools.^{35, 40-42} Most importantly, the UEMS PRM Section and Board are developing reference rehabilitation services, committing themselves to provide onsite advise and demonstration to PRM physicians and health care organizations worldwide. Within the context of our specialty, which is in the context of the internal policy agenda of PRM, the European bodies and national societies are involved in the further development of the scientific congress topics list as core element of building the identity and core competencies of PRM. In addition, 8 journals are active members of 'ISPRM web of Journal'.

A most important initiative by the PRM bodies in Europe is the development of a Cochrane field in Rehabilitation (refer to chapter 11 for the details).⁴³

References

- Bardot A, Tonazzi A. European physical and rehabilitation medicine organisms--origins and developments. *Eur Medicophysica*. 2007 Jun;43(2):185-94.
- Bertolini C, Delarque A. A brief history of European organizations of physical and rehabilitation medicine. *Am J Phys Med Rehabil*. 2008 Jul;87(7):592-5.
- De Korvin G, Delarque A. Physical and rehabilitation medicine section and board of the European Union of Medical Specialists. Community context; history of European medical organizations; actions under way. *Ann Phys Rehabil Med*. 2009 Oct;52(7-8):594-607.
- UEMS. Basel Declaration: UEMS Policy on Continuing Professional Development: D0120 [Internet]. 2001 [cited 2009 Jan 6]. Available from: <http://admin.uems.net/uploadedfiles/35.pdf>
- UEMS. Charter on Quality Assurance in Medical Specialist Practice in the European Union: Adopted by the Management Council of the UEMS. [Internet]. 1996 [cited 2009 Jan 6]. Available from: <http://admin.uems.net/uploadedfiles/772.pdf>
- UEMS. Budapest Declaration on Ensuring the Quality of Medical Care. UEMS 2006/18 final. 2006.
- UEMS. Promoting Good Medical Care: D0349 final [Internet]. [cited 2009 Jan 6]. Available from: <http://admin.uems.net/uploadedfiles/772.pdf>
- UEMS - PRM Section. European Accreditation of the Quality of Care [Internet]. [cited 2009 Jan 6]. Available from: www.euro-prm.org/ClinicalAffairs
- European-Union. Directive 2005/36/CE du Parlement européen et du Conseil du 7 septembre 2005 relative à la reconnaissance des qualifications professionnelles. [Internet]. Journal officiel de l'Union européenne L255/22; 2005 [cited 2009 Jan 6]. Available from: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2005:255:0022:0142:FR:PDF>
- UEMS. European definitions of the Medical Act - Definition européen de l'Acte médical (UEMS 2008/03 final).
- WHO. International Classification of Functioning. Disability and Health. [Internet]. [cited 2009 Jan 6]. Available from: <http://www.who.int/classifications/icf/site/index.cfm>
- Gutenbrunner C, Ward A, Chamberlain M. The White Book on Physical and Rehabilitation Medicine in Europe. *J Rehabil Med*. 2007 Jan;(45 Suppl).
- Gutenbrunner C, Ward AB, Chamberlain A. White book on physical and rehabilitation medicine in Europe. *Eura Medicophys*. 2006;292-332.
- MFPRM. About the MFPRM [Internet]. Available from: : <http://www.mfprm.org/en/about-the-mfprm/about-the-mfprm>
- MFPRM. The MFPRM [Internet]. Available from: <http://www.mfprm.org/en/home/home>
- Gutenbrunner C, Borg K, Joucevicius A, Tuulik-Leisi V-R, Vetra A, Ward AB. The Idea of the Baltic & North Sea Forum on Physical and Rehabilitation Medicine (BNF-PRM). 2016;
- MFPRM. MFPRM Statute [Internet]. Available from: <http://www.mfprm.org/en/statute/statute>
- Abstracts from the 1st Baltic and North Sea Conference on Physical and Rehabilitation Medicine "Reclaim Function. *J Rehabil Med*. 2010;385-416.
- 2nd Baltic and North Sea Conference on Physical and Rehabilitation Medicine "From Biomechanisms to Outcomes!" *J Rehabil Med*. 2011;817-868.
- Abstracts of the 3rd Baltic and North Sea Conference on Physical and Rehabilitation Medicine. *J Rehabil Med*. 2013;933-986.
- Abstracts of the 4th Baltic and North Sea Conference on Physical and Rehabilitation Medicine. *J Rehabil Med*. 2015;759-800.
- EMRSS. The Euro Mediterranean Rehabilitation Summer School [Internet]. Available from: <http://www.emrss.it/ENG/index.html>
- Negrini S. Steady growth seen for research in physical and rehabilitation medicine: where our specialty is now and where we are going. *Eur J Phys Rehabil Med*. 2012 Dec;48(4):543-8.
- Negrini S, Frontera WR. The Euro-American rehabilitation focus: a cultural bridge across the ocean. *Am J Phys Med Rehabil*. 2008 Jul;87(7):590-1.
- Negrini S, Frontera W. The Euro-American Rehabilitation Focus: a cultural bridge across the ocean. *Eur J Phys Rehabil Med*. 2008 Jun;44(2):109-10.
- Franchignoni F, Stucki G, Muñoz Lasa S, Fialka-Moser V, Vanderstraeten G, Quittan M, *et al*. Publishing in physical and rehabilitation medicine: a European point of view. *J Rehabil Med*. 2008 Jun;40(6):492-494; author reply 494.
- Franchignoni F, Ozçakar L, Michail X, Vanderstraeten G, Christodoulou N, Frischknecht R. Publishing in physical and rehabilitation medicine. An update on the European point of view. *Eur J Phys Rehabil Med*. 2013 Oct;49(5):711-4.
- Negrini S, Stucki G, Giustini A. Developing the European Physical and Rehabilitation Medicine Journal's Network. *Eur J Phys Rehabil Med*. 2009 Mar;45(1):1-5.
- Negrini S, Ilieva E, Moslavac S, Zampolini M, Giustini A. The European physical and rehabilitation medicine journal network: historical notes on national journals. *Eur J Phys Rehabil Med*. 2010 Jun;46(2):291-6.
- Stucki G, Reinhardt JD, von Groote PM, DeLis JA, Imamura M, Melvin JL. Section 2: ISPRM's way forward. *J Rehabil Med*. 2009 Sep;41(10):798-809.
- DeLis JA, Melvin JL, Stucki G. Developing the International Society of Physical and Rehabilitation Medicine (ISPM). Foreword. *J Rehabil Med*. 2009 Sep;41(10):789-90.
- Reinhardt JD, von Groote PM, DeLis JA, Melvin JL, Bickenbach JE, Li LSW, *et al*. Section 3: International non-governmental organizations in the emerging world society: the example of ISPRM. *J Rehabil Med*. 2009 Sep;41(10):810-22.
- Bickebach J, Tennant A, Stucki G. Describing the lived experience of Swiss persons with spinal cord injury. *J Rehab Med*. 2016;113-244.
- Stucki G, Reinhardt JD, Imamura M, Li J, De Lisa JA. International Society of Physical and Rehabilitation Medicine (ISPRM): strengthening Physical and Rehabilitation Medicine (PRM) worldwide. *Chin J Phys and Rehab Med*. 2011;501-03.

35. Stucki G, Zampolini M, Jucevicius A, Negrini S, Christodoulou N. Practice, science and governance in interaction: European effort for the system-wide implementation of the International Classification of Functioning, Disability and Health (ICF) in Physical and Rehabilitation Medicine. *Eur J Phys Rehabil Med.* 2017 Apr;53(2):299–307.
36. Kiekens C, Meyer T, Gimigliano F, Baffone C, Gutenbrunner CM, UEMS PRM ICF Workshop moderators and rapporteurs. European initiative for the application of the International Classification of Service Organization in Health-related Rehabilitation (ICSO-R). *Eur J Phys Rehabil Med.* 2017 Apr;53(2):308–18.
37. Proding B, Scheel-Sailer A, Escorpizo R, Stucki G, UEMS PRM ICF Workshop moderators and rapporteurs. European initiative for the application of the International Classification of Functioning, Disability and Health: development of Clinical Assessment Schedules for specified rehabilitation services. *Eur J Phys Rehabil Med.* 2017 Apr;53(2):319–32.
38. Selb M, Gimigliano F, Proding B, Stucki G, Pestelli G, Iocco M, et al. Toward an International Classification of Functioning, Disability and Health clinical data collection tool: the Italian experience of developing simple, intuitive descriptions of the Rehabilitation Set categories. *Eur J Phys Rehabil Med.* 2017 Apr;53(2):290–8.
39. Li J, Proding B, Reinhardt JD, Stucki G. Towards the system-wide implementation of the International Classification of Functioning, Disability and Health in routine practice: Lessons from a pilot study in China. *J Rehabil Med.* 2016 Jun 13;48(6):502–7.
40. Stucki G, Proding B, Bickenbach J. Four steps to follow when documenting functioning with the International Classification of Functioning, Disability and Health. *Eur J Phys Rehabil Med.* 2017 Feb;53(1):144–9.
41. Proding B, Ballert CS, Brach M, Brinkhof MWG, Cieza A, Hug K, et al. Toward standardized reporting for a cohort study on functioning: The Swiss Spinal Cord Injury Cohort Study. *J Rehabil Med.* 2016 Feb;48(2):189–96.
42. Proding B, Ballert CS, Brinkhof MWG, Tennant A, Post MWM. Metric properties of the Spinal Cord Independence Measure - Self Report in a community survey. *J Rehabil Med.* 2016 Feb;48(2):149–64.
43. Negrini S, Kiekens C, Levack W, Grubisic F, Gimigliano F, Ilieva E, et al. Cochrane physical and rehabilitation medicine: a new field to bridge between best evidence and the specific needs of our field of competence. *Eur J Phys Rehabil Med.* 2016 Jun;52(3):417–8.

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