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INVITED COMMENTARY

A Brief History of European Organizations of Physical and Rehabilitation Medicine

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During the past 50 yrs, physical and rehabilitation medicine (PRM) has been instituted in Europe through a laborious process conducted by important organizations founded by PRM specialists to promote the development of the discipline and to standardize its practice across all countries in the European community.

The organization founders, and those who, over the years, have dedicated themselves to working within the organization (and people working for the same goal, later on), were considered convinced “Europeans” and also saw their mission as integrated in European community growth. The aim of their mission was to found a “physiatric Europe,” according to a concept of a discipline with a European identity.

The Fédération Européenne de Médecine Physique et de Réadaptation (European Federation of Physical Medicine and Rehabilitation [EFPMR]), founded in 1963, grouped together the national scientific societies. The aims of this federation were essentially scientific. It established the following purposes: (1) the organization of scientific collaboration with the view to develop PRM; (2) the harmonization across European countries of both specialist training and qualification criteria in rehabilitation medicine; (3) the promotion in each European country of a national PRM scientific society and of a theoretical organization to defend the general interests of the PRM specialist; and (4) the harmonization on an international level of the actions taken by different organizations and the representation of the PRM specialisation in various European authorities.

Since the beginning, the EFPMR’s mission has been to promote specialist training in PRM by instituting an “études commission” (studies commission). This commission, after an inquiry carried out by A. Tonazzi on the situation of teaching in different European countries, produced a draft paper, “Training specialists in Europe.” It was presented by R. Waghemacker at the 5th Congress of the International Federation in Montreal. In 1970, this report was considered by the European Regional Bureau of the World Health Organization as a useful reference document for drafting the conference program entitled “Teaching Medical Rehabilitation” held in Poland, November 10–16, 1971. In this conference, it was established that the responsibility of rehabilitation medicine prac-

tioners was to leave the expertise to an “ad hoc” instructed specialist and not to other discipline specialists.

This choice was decisive because, at the beginning, the national society members came from similar disciplines (orthopedics, neurology, rheumatology, radiology, etc.), the discipline was referred to by various names, and practice seemed to be different throughout European regions.

The first meetings were very animated and strenuous, often inconclusive, but, in a few years, the growth of a new discipline based on humanistic principles “without a reductionist theory” put an end to sectorial incentives.

The EFPMR was represented as a nongovernmental organization at the European Council and, through the collaboration of two experts, A. Van Gestel and F. Isch, the Dutch and French delegates, respectively, participated in the elaboration of an important paper, published in 1984, entitled “A coherent policy for the rehabilitation of people with disabilities—training of healthcare personnel involved in the field of rehabilitation: the current situation in member states and proposals to improve this type of training.”

The EFPMR began to promote scientific meetings that took the shape of European congresses, which, for many years, were held every 2 yrs. The 16th European PRM Congress took place June 3–8, 2008, in Brugge (Belgium). Moreover, the scientific journal *Europa Medicophysica*, founded by Dario Fiandesio (Italy), has been circulating since 1964. This indexed review, now known as the *European Journal of Physical and Rehabilitation Medicine*, represents an important tool for the development of PRM research in Europe.

Today, as has happened in the International Federation, the European Federation, which had so greatly contributed to the foundation and the homogeneous development of our discipline, has been dissolved to make way for the creation of a European scientific society. This society set the goal of developing a greater homogeneity from a scientific and professional point of view.

Another important organization is the Académie Européenne de Médecine de Réadaptation (European Academy of Rehabilitation Medicine), founded in 1968 by a famous group of PRM specialists who worked together in other organizations. The founders and members of the Académie were F. Barnosell (Spain), H. Fallet (Switzerland), D. Fiandesio (Italy), L. Guttman (United Kingdom), G. Valobra (Italy), R. Waghmacker (France), and W. Zinn (Switzerland). The official language was French, but English was also commonly used. According to the statutes, the Académie members were physician specialists in PRM, and the maximum number could not exceed 50 (it has never

exceeded 40). They are elected only by secret ballot, after a complex procedure that entails presentation by three Académie members. Its logo is “Societatis vir origo ac finis” (Man is both the source and the goal of society).

Its aims are to improve all aspects of the rehabilitation of disabled people; be a reference point in the scientific, educational, and humanitarian aspects of rehabilitation medicine; engage in moral and ethical debate, particularly in relation to the practice of rehabilitation medicine; exchange information defining the field of rehabilitation and its terminology; ensure that education in rehabilitation is part of the undergraduate medical curriculum; support and help improve research in rehabilitation; introduce and defend the concept of rehabilitation, as well as among disabled persons and the public, as in medical and related professional circles, being sensitive to the sociocultural environment of the country in which it is put into practice; and facilitate exchange of PRM trainees and doctors between different countries.

As we acknowledge, the purpose of the Académie is based on humanitarian, philosophical, and ethical aspects more than on scientific points of view.

Many ethical documents have been produced under Académie patronage, with *The Accessibility of Rehabilitation of Disabled People* (which is in print) ranking as the most important.

The Académie also edits a series of books: *La Plasticité de la Fonction Motrice (The Plasticity of Motricity Function)*; ed J.P. Dider, Springer, 2004; and *Assessment in Physical Medicine and Rehabilitation: Views and Perspectives* by M. Barat e F. Franchignoni ed. Maugeri Foundation Books, 2005; with the new titles, *Pelvic Floor Dysfunction, Rehabilitation in Oncology, Pain and Motricity*, and *Sphincter Functioning* being published.

For many years, an Academy Prize, (Sfr 10,000), supported by the Swiss Paraplegic Foundation, has been awarded to a publication in the PRM field. The prize is officially awarded at the European Congress of Rehabilitation Medicine.

The Académie, although it has had an autonomous program of activities, has collaborated closely with the Fédération Européenne and with the Section PRM of the Union Européenne des Médecins Spécialistes (UEMS).

From this collaboration, the first edition of the *White Book of Physical and Rehabilitation Medicine* was published in Madrid by Universidad Complutense in 1989, and a new one was published last year.

The third organization is the Section of Physical and Rehabilitation Medicine of the UEMS. The UEMS was founded in Brussels in 1958 after enactment of the European regulation concerning

the free circulation of physicians in Europe. This event brought up the problem of ensuring that the migration of doctors in Europe would guarantee the highest level of healthcare in all countries. The UEMS has maintained close contact with the European Union authorities and the Council of Europe from the beginning. A section called Physiothérapie was founded in 1963, but the first autonomous meeting was held in 1971 (Mondorf les Bains, Luxembourg), after the assertion of discipline autonomy. In this meeting, historical protagonists such as J. Emmerechts (Belgium), Amedeo Tonazzi (Italy), Fritz Venema (Holland), and René Waghemacker (France) requested changing the section name, and since 1974 it has been called the Section de Médecine Physique et de Réadaptation.

F. Venema led this section very efficiently as president until 1985, followed by André Bardot, as president. Amedeo Tonazzi was general secretary from 1974 to 1990, followed by Antoine Macouin.

The goals of the section are to contribute to the harmonization of specialist training in Europe so as to guarantee a comparatively high level of training in all countries, to define the role of the PRM specialist, and to study the content and methods of continuing education in PRM.

The section has to defend the specialists' moral and material interests, such as solving trade union problems and defining an optimal relationship with other medical specialists and with the allied healthcare professionals working on the rehabilitation team. The Section has produced copious high-quality documents. The close relationship between the UEMS central bureau and general secretariat has led to useful work. For example, the section has maintained these close contacts during meetings, often held in Brussels, very near the European Union authorities and the Council of Europe.

Since 1990, the members of the section have dedicated themselves to the creation of the European Board of Physical and Rehabilitation Medicine, the fourth organization of the European specialists. The European Board of Physical and Rehabilitation Medicine statutes were registered on July 19, 1991 in the Hague (Holland), the seat of the European Court of Justice. The founder signees of the statutes were H. Anciaux (Belgium), A. Bardot (France), M.A. Pinto de Vasconcelos (Portugal), A. Macouin (France), L.P. Rodriguez (Spain), and H. Verstappen (Holland).

The relationship between the board and the section was very close. According to the statutes, two delegates were assigned for each member country. There were two initial problems. The financial support of the board was the first. Board Secretary Antoine Macouin gave a significant sum that represented half of the closing budget of the West of France grouping of doctors specializing in

functional reeducation and rehabilitation. Later, a fraction of the membership fee was added for title acknowledgement.

The second problem was the organization of several meetings on an annual basis. This problem was solved by several working commissions that were able to simplify the organization of annual assemblies. In particular, an executive committee of six members was established and assisted by a commission of teachers made up of university professors. The commission of teachers was initially made up of A. Bardot (France), C. Bertolini (Italy), A. Chantraine (Switzerland), J.P. Didier (France), J. Ekholm (Sweden), G. Lankhorst (Holland), L.P. Rodriguez (Spain), H. Stam (Holland), G. Vanderstraeten (Belgium), and A. Ward (UK); A. McNamara (Ireland), X. Michail (Greece), and R. Valero (Spain) joined afterward.

André Bardot, chairman of the commission of teachers, enthusiastically convinced everyone that they were working on a very significant project for the future growth of our discipline in Europe. In less than 2 yrs, the PRM training curriculum, a kind of theoretical program made up of chapters, the methods of practical training, and the bilingual English–France logbook, was established. At the same time, the commission worked on the creation of a databank of examination questions (MCQ and case histories). An archive of more than 500 questions was created for the first session of the European examination held in Ghent (Belgium) in November 1993. Anonymity and objectivity were the key elements maintained during correction of the exams. Since 1996, the examination has been held simultaneously at five different centers (Madrid, Paris, Rome, Stockholm, and Zurich). Computer-aided examination marking and classifying took place in Dijon (France) under the supervision of J.P. Didier.

At the same time, bilingual forms were prepared for application to the board, requesting the recognition of the qualification for doctors with at least 10 yrs of specialist experience, evaluated only by their curriculum and without formal examination. Criteria and accreditation application for training services were established, as were accreditation visit procedures for the training service.

Practically alone, yet capably and accurately, Antoine Macouin did all that was needed to be done as board and section secretary. He carried out the work of the Commission for the Professional Demographics of Rehabilitation in Europe, recording relevant data about all country members. He resigned in 2001, succeeded by Alain Delarque, who organized the work supported by Assistant Secretary G. de Korvin.

A new, well-designed Web site (www.europrm.org) contains regularly updated news.

The work of the European physical and rehabilitation medicine organizations has noticeably increased with the entrance of new countries into the European Union. This has resulted in challenges in terms of the harmonization of all aspects of our discipline, specialist training in Europe, guaranteeing a comparatively high level of training, to professional practice and continuing education in all countries. It is difficult to understand the real role of a PRM specialist in different countries with different historical, cultural, and social health backgrounds. The sheer number of country members makes reciprocity difficult. Moreover, although the historical core of European country members is well consolidated, the new delegates sometimes find it hard to fit in with everyone else. However, we are sure that the discipline will benefit from the spirit of interest, enthusiasm, and love inherent to what it represents and that it will continue to represent rehabilitation for our pa-

tients. Building on previous work remains important. European delegates realize the importance of their work, and this awareness represents for them the most important incentive.

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