
The Euro-American Rehabilitation Focus: a cultural bridge across the ocean

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When compared to other organ and disease-oriented medical specialties (MS), physical and rehabilitation medicine (PRM) is unique as it places the patient and its functional capacity at the center of the clinical activity. It is not a coincidence that PRM is not promoting the use of the International Classification of Diseases (ICD)¹ of the World Health Organization (WHO) as other MS do, but rather the WHO's International Classification of Functioning (ICF).² Moreover, while other MS deal with diseases that share many similarities all around the world, PRM works with individual human beings, their diseases, associated impairments, limitations of activities, and restrictions to participation that vary on the basis of cultural and socio-economic factors.²⁻⁴ In other words, by definition PRM associates the practice of the specialty with contextual and environmental factors that are recognized by WHO as a crucial part of the health condition.

This distinction between PRM and other MS can be also illustrated with another argument. If one imagines an ideal world in which evidence-based clinical practice⁵ is the rule and not the exception, differences exist only because individual physician and patients may have their preferences, but practice guidelines and clinical decisions are based on shared agreements. In different countries, and within one MS, it is easy to observe that cultural differences may not play a major role, because the approach to the treatment of well defined diseases (*e.g.* myocardial infarction, colon cancer, asthma) includes very well defined clinical decisions, pharmacological agents, and surgical interventions. In this scenario, only differences in reimbursement and national administrative structures

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would be noticed. On the other hand, in this hypothetical world differences in PRM practices will be more significant than for the other MS. The disease management (including impairments and disabilities, limitations of activities and restrictions to participation) is highly dependent on important and unique geographic and cultural factors, alongside the knowledge, beliefs and attitudes of the many professional members of the rehabilitation team.

These premises have led to the initiative that the twin PRM journals (the *American Journal of Physical Medicine and Rehabilitation* – AJPMR – and the *European Journal of Physical and Rehabilitation Medicine* – EJPRM⁶) on the two sides of the Atlantic Ocean have decided to pursue: the *Euro-American Rehabilitation Focus*. Rehabilitation practices diverge in the new and old worlds because of historical circumstances, cultural differences, financial considerations, and other contextual factors. These differences are in the background of the several papers published by the two journals, but may not be evident to the readers, leading to diverse interpretations of the same information in the two continents. Continental journals like AJPMR and EJPRM should exist, partly because they respond to regional and cultural needs. Under-

standing each other, however, is beneficial and can only be accomplished through efforts that we try to address and initiate through this proposal.

There is another major difference between the two sides of the Atlantic Ocean. Europe is made up of many countries and nationalities and differences among these countries are much bigger than differences among geographic regions within the US. This may explain the reason for the different role of the EJPRM when compared to the AJPMR. In fact the EJPRM (like *Europa Medicophysica* in the past)⁷⁻⁹ has to strive constantly to lay the scientific and medical common foundations of PRM in the old continent and not within a single nation. This is accomplished because of its identity as a Continental Journal that works in collaboration with many excellent National Journals. Moreover, the EJPRM represents the English-language scientific Journal for some European Countries in the Mediterranean area such as Italy, Greece, and Turkey.

The scheme of the *Euro-American Rehabilitation Focus* is quite simple: every year a specific topic will be chosen, and invited authors from one journal will write a contribution for the other journal, with the main aim to offer the PRM view of the other side of the Ocean about a certain topic. This year is particular in some respects. First, the EJPRM has changed its name from *Europa Medicophysica*, chosen 44 years ago when English was not yet the universal language of science.⁶ At the time, the founders of the Journal decided that Latin was the best common root language for Europe (although the subtitle of EJPRM was already included in English, French, and Italian languages). Second, and most importantly, *Europa Medicophysica* published the White Book on Physical and Rehabilitation Medicine in Europe,³ a document that summarizes the fundamentals of the PRM specialty in the European continent. This contribution offers the best starting point for this common effort, allowing our colleagues John Melvin and Andrew

Haig to present an “American view” of the White Book to European physiatrists in the EJPRM. Simultaneously, Alessandro Giustini (President of the European Society of PRM), Carlo Bertolini (with 20 years of experience in European PRM Professional Societies), Alain Delarque (President of the PRM Section of the European Union of Medical Specialists - UEMS), and Stefano Negrini (Chief-Editor of the EJPRM) present the White Book — and the European Institutions that were responsible for it — to American physiatrists in the AJPMR.

As editors of the Journals, we have a special interest in this exchange and have tremendously enjoyed these papers. We are quite certain that the readers will enjoy them also, and, already thinking to the 2009 Euro-American Rehabilitation Focus, we welcome their feedback.

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