

From Garibaldi and the *thermae* to the Italian National Rehabilitation Plan: a representation of the evolution of Physical and Rehabilitation Medicine specialty

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The European Journal of Physical and Rehabilitation Medicine (EJPRM) is a continental journal originating from the Mediterranean (being also the Mediterranean Journal of Physical and Rehabilitation Medicine); it was born in 1964 and grew up in a specific country Italy.^{1, 2} Of European background, it originally carried a Latin name “Europa Medico-physica” (EMP) partly because of the not-yet-defined prevalence of English over French in the scientific world and partly because of the predominance of “physical medicine” over “rehabilitation medicine” in the early history of our specialty.^{1, 3, 4} The original Editorial Board was composed of members from 16 European and Mediterranean countries from North to South, from East to West, with no boundaries.¹ It was a time of the European economic, cultural and political dream, and Italy was among the main founders and believers in this continental project: the Italian PRM Society (SIMFER) with the European Federation of Physical Medicine and Rehabilitation (EF-PMR), which evolved into the European Society of PRM (ESPRM), in a way contributed and were part of this European history through the foundation of EMP. Thanks to its scientific strength, SIMFER remains one of today’s main driving forces in the EJPRM, largely contributing to the wealth of the journal, being the only Society with all members as subscribers and with the right to nominate the journal’s Chief-Editor.

This year Italy celebrates the 150th Anniversary of its Unification. This Special Section, developed in

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recognition of the Italian role in the EJPRM, came about by chance, through the submission of one paper especially written for the Anniversary celebrations,⁵ and through the decision to publish a very important document, now a law in Italy, as required by many colleagues working in Europe and elsewhere: the Italian National Rehabilitation Plan.⁶ Between Giuseppe Garibaldi, the central character of the historical account reported in the first paper, who already received the advantage of rehabilitation thermal care, and the National Rehabilitation Plan, the progress of PRM in Italy was also seen in the 1998 Guidelines on Rehabilitation, which the EJPRM published in 2005.⁷

In a way, Italy well represents the evolution of PRM in Europe and the world. Nearly 3000 physiatrists deliver PRM services in Italy, with a provider-to-user ratio of almost 1 per 20000 population.⁸⁻¹⁰ Here, PRM specialists apply the ICF “vision”^{11, 12} across the entire range of PRM and disability care: inpatient prevention during the acute phase of disease, inpatient subacute or long-term care, outpatient approaches, as well as community-based promotion, including prevention and maintenance of residual functioning.¹³⁻¹⁵ Physiatrists in Italy are engaged in

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educational, research and clinical activities that fall within the competence of PRM, from musculoskeletal to neurological conditions, from respiratory to cardiac illnesses, from urogynecological to oto-vestibular disorders, from geriatric to pediatric patients, from pain to function, and so on.^{13, 15, 16}

This specific situation makes Italy a laboratory where the development of our PRM specialty is fostered through the above-cited documents.^{6, 7} The original mission to overcome borders, to work together in science, to share rights and health remains a fundamental goal for PRM, but the same is true for peoples and countries not only in Europe. With this Special Section, from its European and Mediterranean perspective, but with solid Italian roots, the EJPRM wants to mark its part of this history, the scientific side to which the journal has contributed.¹⁷

The development of the professional identity of the PRM world comes from far away, as testified by this Special Section. This steady progress allows us today to take up the cultural challenge posed by the Rehabilitation Plan, directly derived from the ICF revolution:^{11, 12} working within the science of health instead of that of disease. To meet this challenge, we must open our eyes to the contributions of the human sciences, so allowing PRM to overcome the dichotomy between the human and the natural sciences that characterised the last century.

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