



Section of Physical and Rehabilitation Medicine

EUROPEAN UNION OF MEDICAL SPECIALISTS
Section of Physical and Rehabilitation Medicine

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
Section de Médecine Physique et de Réadaptation

Celebration of 50th Anniversary of UEMS-PRM Section

Dear colleagues, esteemed guests, and friends,

With profound emotion and immense pride, we gather today to celebrate the 50th anniversary of the Physical and Rehabilitation Medicine Section of the European Union of Medical Specialists. Half a century of history, progress, and challenges have shaped our speciality and European identity.

As we look back on these 50 years, we cannot help but remember the pioneers who laid the foundations of a section for "Physiotherapy" (as it was then called), founded in Luxembourg on March 17, 1963. However, it did not become operational until 1971. Visionaries such as J. Emmerechts, Amedeo Tonazzi, Fritz Venema, and René Waghemacker courageously embarked on an ambitious project: to create an autonomous medical speciality recognised throughout Europe. Their work has provided the bedrock upon which we have built in the subsequent years.

In 1974, the mono-specialist section of Physical and Rehabilitation Medicine obtained legal status in European law after administrative delays. Amedeo Tonazzi was elected Secretary General, a position he held from 1974 to 1990. Fritz Venema and André Bardot served as presidents during this period.

Our history has been characterised by continuous development and refinement of rehabilitation concepts. We have progressed from an approach initially focused on individual functions to a holistic view of the person, which aligns with ICF principles. This journey has been made possible thanks to the tireless work of many colleagues who have succeeded one another over time.

I want to highlight the fundamental role played by the European Board of Physical and Rehabilitation Medicine, which has elevated the educational standards of our speciality across the continent. The Professional Practice Committee has defined and refined our clinical role, while the Clinical Affairs Committee has promoted the quality and excellence of rehabilitative care.

A crucial moment in our history was the publication of the White Book on Physical and Rehabilitation Medicine in Europe, resulting from collaboration between our Section, the Board, the European Academy, and the European Society of Physical and Rehabilitation Medicine. This document clearly and authoritatively outlined the role and competencies of the European physiatrist.



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Over the years, we have forged valuable alliances with other organisations such as Cochrane Rehabilitation, the World Health Organization, and the European Disability Forum. These collaborations have strengthened our voice and influence at the international level.

However, today, we face new challenges. The issue of changing the name of our speciality from "Physiotherapy" to "Physical and Rehabilitation Medicine" symbolises the need to assert our distinctive identity.

We must also confront the growing claims of other health professions, always keeping the well-being of the patient and the importance of teamwork at the centre of our practice.

Moreover, we must address a significant challenge: the increasingly assertive stance of physiotherapists claiming leadership in rehabilitation, particularly at the community level. Their organisation is robust and engaging in advocacy and lobbying at the general European level and within individual states to assume leadership and, in effect, replace Physical and Rehabilitation Medicine specialists.

We must respond to these challenges through a multi-faceted strategy:

Firstly, we must continue to develop our competencies, ensuring that specialists in Physical and Rehabilitation Medicine have all the tools necessary to apply rehabilitative medicine and effectively interface with physiotherapists, occupational therapists, and speech therapists, coordinating the rehabilitation project comprehensively.

Secondly, we must increasingly develop innovative quality aspects in rehabilitation, including advancing our professional practice.

Thirdly, this is a crucial strategic point; we must enhance our collaboration with the European Community, the World Health Organization, and associations representing people with disabilities. This reinforces our authentic leadership, allowing us to affirm our perspective. By strengthening these partnerships, we position ourselves at the forefront of policymaking and ensure that the voice of Physical and Rehabilitation Medicine is heard in the highest forums of healthcare decision-making.

This third point is particularly vital. Our increased engagement with these critical stakeholders will amplify our influence and provide us with invaluable insights into the evolving needs of our patients and the healthcare systems we operate within. By aligning our objectives with those of major international health bodies and disability advocacy groups, we strengthen our position and demonstrate the indispensable role of Physical and Rehabilitation Medicine in addressing global health challenges.

Moreover, these collaborations will help us stay ahead of emerging trends and shape the future of rehabilitation medicine. They will provide us platforms to showcase our expertise, share our research, and contribute to global health policies. This, in turn, will reinforce our



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leadership position and allow us to advocate more effectively for the resources and recognition our speciality deserves.

The future presents us with rapidly changing scenarios. Artificial intelligence, robotics, and other emerging technologies are transforming medical practice. We must not passively submit to these changes but rather be protagonists of this revolution, guiding it with our vision and experience.

As we celebrate this milestone, we must also acknowledge the broader context in which we operate. Our continent faces geopolitical tensions and uncertainties, and the outcome is uncertain. The world is changing rapidly, and we must be prepared to adapt and lead in these changing times.

Our professional landscape is evolving at an unprecedented pace. Integrating new technologies such as robotics is just the tip of the iceberg. The rapid development of artificial intelligence will fundamentally change how we practice medicine. Some professions may disappear, while others will emerge. We must not merely react to innovation; we must be at the forefront, developing an open vision and embracing change. If we do not take this initiative, others will potentially encroach on our domain.

We must envision a future full of both challenges and opportunities. Let us focus on the opportunities and think optimistically that our speciality is the speciality of the future. To realise this vision, we must continuously study, apply our skills, and remain vigilant to detect and adapt to changes.

In conclusion, I would like to express my deepest gratitude to all those who have contributed to the success of our Section over the past 50 years. To the national delegates, always present and proactive. To the presidents who have succeeded one another, each with their style and vision. I think of Anthony Ward, Alain Delarque, Veronika Fialka-Moser, and Nicolas Christodoulou, who has been my precious mentor.

A special thanks go to the recent board presidents, Jan Ekholm, Franco Franchignoni, Xanthi Michail, Jean Michel Viton, Rolf Frischknecht, Alvydas Juocevicius, Maria Gabriella Ceravolo, and Nikos Barotsis—who have given formidable impetus to Physical and Rehabilitation Medicine training. Finally, I would recognise the huge work done by Aydan Oral as general secretary, and I am sure that she will be a fantastic President of the Board.

Thank you to Wim Jansen, the "historical thesaurus," and the executive committee, starting with the committee coordinator, Catarina Aguiar Branco, and Anda Nulle, the secretary, Markos Sgantzios, Iuly Treger, and Piotr Tederko for the Board.

I would also like to thank our distinguished guests from UEMS, Marc Hermens, the President of ESPRM, Klemen Grabljevec, and the Past President of EARM, Henk Stam.



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I would also like to acknowledge the contributions of our younger members. Your fresh perspectives and innovative ideas are invaluable as we navigate the challenges of the future. We look to you to carry the torch forward and continue the legacy of excellence that has defined our Section for half a century.

Let us look to the future with optimism and determination. Our speciality has a crucial role to play in 21st-century medicine. Let us continue to work together, with passion and dedication, to affirm the value of Physical and Rehabilitation Medicine in Europe and worldwide.

Celebrating our achievements, let us commit ourselves to the next 50 years. Let us envision a future where Physical and Rehabilitation Medicine is universally recognised as an essential component of healthcare, where our expertise is sought after in all aspects of patient care, and where we continue to push the boundaries of what is possible in rehabilitation.

Together, we can meet the challenges of the future, seize the opportunities that lie ahead, and continue to improve the lives of those we serve. Our speciality is not just about treating conditions; it's about restoring lives, fostering independence, and promoting dignity. This is our calling and is as relevant today as 50 years ago.

As we stand at this pivotal moment in our history, I call upon each of you to become ambassadors for PRM. Share our successes, advocate for our speciality, and inspire the next generation of practitioners. Our future depends on your active engagement and passion.

Thank you all, and happy anniversary! Here's to the next 50 years of Physical and Rehabilitation Medicine excellence!

Palanga (Lithuania), 13 September 2024

The President of
UEMS-PRM Section

Mauro Zampolini