

Editorial

Research in Rehabilitation Medicine

Research in rehabilitation medicine has been discussed on a number of occasions and in different journals during recent years. Worries about the situation of academic medicine in our discipline have been raised, but there have also been constructive suggestions. In his Walter J. Zeiter Lecture, DeLisa (1) points out that stronger research must be developed and also that basic science as well as clinical research have to be integrated in the academic base of our discipline. Derick Wade gave some interesting and somewhat provocative views on the priority of research in rehabilitation in a recent Editorial in *Clinical Rehabilitation* (2). He states that there is lack of consensus about priorities for research in rehabilitation and that research in rehabilitation must not be confused with research that is important to the clinical practice of rehabilitation, and should focus on the activities and processes that are central to rehabilitation.

Much of the research performed and published in well-recognized journals in rehabilitation medicine has been focused on assessments methods, functional analyses and rehabilitation interventions in different patient groups. Definitely, there is still a lack of controlled clinical studies of different rehabilitation programmes, partly due to practical and ethical problems, but probably also due to lack of resources (lack of trained rehabilitation researchers and financial support). Many of the studies have therefore been limited to a particular intervention, with or without a control group, and the possibility of generalizing the findings may be limited. It can, however, be noticed that recent studies often evaluate the treatment effects at different functioning levels using the former ICIDH terms, impairment, disability and handicap, and hopefully now the new ICF terms: body function, activity and participation (3). In this way, rehabilitation research has no doubt contributed to a more comprehensive understanding of different treatment effects and may have encouraged broader protocols for outcome research also in other disciplines.

The present situation for outcome research can be summarized thus: there is a large number of assessment instruments, mainly at impairment and activity levels, less at handicap or participation level, but rather few are used extensively in clinical practice in Europe (4). There is very little known about the possibility of using the instruments for comparisons between countries, cultures, different types of clinical settings, diagnoses, etc. A recent report from an EU supported project (Project for the European Standardization of Outcome Measurement in Rehabilitation, Pro-ESOR) (4) demonstrates clearly the need for critical analyses of the psychometric properties of currently used instruments in rehabilitation. There is also limitation in the instruments to be used for comparisons of results from different settings.

Derick Wade gives priority to the research into goal setting, the process of assessment, trying to develop efficient and effective protocols using standardized specific assessments procedures, models of illness, and altering behaviour.

It is easy to agree with Wade about his given priorities. However, it is necessary to argue that priority also must be given to controlled clinical trials of different rehabilitation programmes. There is still a need to demonstrate if and when rehabilitation works. It is necessary to include in rehabilitation research studies on different kinds of "tools" in rehabilitation, on the biological and psychological processes utilized in rehabilitation interventions as well as rehabilitation methodology and conceptual aspects on rehabilitation. We have achieved an increasing knowledge of the biological and psychological background of different treatment modalities in clinical rehabilitation. At an earlier period in the development of rehabilitation medicine, the use of physical training in different patient groups was demonstrated using the knowledge from muscular and exercise physiology. This had a great impact on early mobilization and continuous training programmes in many clinical conditions. Recent research on the plasticity of the nervous system has demonstrated the importance of optimizing the environment (physical and social) at rehabilitation, and opens new ways for combination of different treatment modalities (physical, pharmacological and psychological) to enhance the clinical effects of the capacity of CNS plasticity. Similarly, the understanding of pain modulation in the nervous system has enhanced the understanding of pain rehabilitation. More examples can be given from other areas. Rehabilitation medicine as a research and clinical discipline must stand on a solid biological as well as psychosocial basis, not least to recruit young physicians as researchers. New knowledge can be incorporated into rehabilitation research. Even if part of intervention research can be done and should be done within other specialities, the integration into the rehabilitation context will be unique for rehabilitation research. Rehabilitation is based on long-term processes and adaptation and must be understood from different perspectives.

Derick Wade comments on a symposium held in Uppsala in October 2000 (2) giving his impression that there is no agreed list of priority and that research into rehabilitation itself was not considered. The symposium was briefly summarized in *Journal of Rehabilitation Medicine* in the March 2001 issue (5). In the panel discussion where active Scandinavian rehabilitation researchers presented their views on research in rehabilitation medicine after the year 2000, they were not asked to give any overall priority. However, there was consensus on certain aspects, viz. that rehabilitation research should use and benefit more from the increasing knowledge in neurobiology and that there is a need for interdisciplinary teamwork in rehabilitation research and for research in assessment methodology and the rehabilitation process. The panel discussion did not aim to reach consensus on Scandinavian research in rehabilitation medicine, but merely to highlight some current aspects of rehabilitation research.

Overall, I think that the priorities given by Wade in his recent

editorial (2) will be well accepted by the rehabilitation research community. At the same time it must be underlined that research based on a biological framework and evaluated in a broad rehabilitation perspective is also fundamental for the research development of our speciality. Research on rehabilitation intervention has, thus, its given place in rehabilitation medicine and needs well-developed assessment methodology on a solid conceptual basis and should be looked upon as a main part of rehabilitation research.

Gunnar Grimby
Editor-in-Chief

EUROPEAN BOARD PRM NEWS

During the Stockholm General Assembly Meeting in May 2001 the UEMS Section of PRM decided to structure itself into two new commissions:

- Commission of Clinical Affairs
- Commission of Professional Practice.

At an earlier General Assembly meeting, the European Board of PRM with its Commission of Education had been divided into three working groups: Examination, CME and Site visits.

At the Oporto General Assembly Meeting, in September 2001, more working groups were set up, in order to be able efficiently to carry out new tasks. The tasks that needed to be dealt with were decided on. The background is that the UEMS Section and Board need to be involved in new domains of activity, but the economy does not allow having more meetings than before where people come together in a geographical place. Therefore the expansion of the activities must be performed mainly by means of electronic communication, e.g. e-mail and Internet. And also, there is a need to have more national delegates involved in the active work in the working groups.

Each working group reports to the executive committee of the UEMS Section and Board. Each working group has a chairman, who also becomes the Section's and Board's specialist on the particular tasks the group is dealing with. In this way there will be an increase in the number of members with specialised experience useful for the preparatory work with different problems.

Each working group will give an annual report of its activities that will be important material for the PRM pages of the UEMS Annual Compendium, where all EU specialities give their reports.

COMMISSIONS OF THE UEMS SECTION (chairperson: Veronika Fialka-Moser):

Members of the groups are preliminary and may be altered. Chairpersons underlined.

REFERENCES

1. DeLisa JL. Issues and challenges for physiatry in the coming decade. *Arch Phys Med Rehabil* 1999; 80: 1–12.
2. Wade DT. Research into rehabilitation. What is the priority? *Clin Rehabil* 2001; 15: 229–232.
3. Grimby G, Smedby B. ICF approved as the successor of ICIDH. *J Rehabil Med* 2001; 33: 193–194.
4. European standardization of outcome measurement in rehabilitation, Pro-ESOR. Report to the European Commission, Contract no: PL98-3642; 2001.
5. Grimby G, Ekholm J. Rehabilitation research after year 2000—a review from a panel discussion. *J Rehabil Med* 2001; 33: 50–51.

NEW WORKING GROUPS OF THE COMMISSION OF CLINICAL AFFAIRS

Ethics: André Bardot, Alex Chantraine, linked with the Academy of Rehabilitation Medicine.

Guidelines and Evaluation: Anthony Ward, Jouko Salminen, Gerald Stucki, Michael Quittan, Rolf Frischknecht.

Research Activities: Henk Stam, Bengt Sjölund, Crt Marincek, Jan Ekholm.

NEW WORKING GROUPS OF THE COMMISSION OF PROFESSIONAL PRACTICE

Brussels Contact Group: (relations with public and health authorities and other specialities): Guy Vanderstraeten, Alessandro Giustini, Georges de Korvin, Fitnat Dincer.

Responsibility of PRM in Health Care: Werner Schneider, Xanthi Michail, Alex Chantraine, Guy Wanet, Nicholas Christodoulou.

Demography, careers, services and academic posts: Carlo Bertolini, Kiriaki Stathi (demography), Fernando Parada, Raquel Valero, Gustaaf Lankhorst.

Booklets: Alex Chantraine, George de Korvin, Jan Ekholm, Anthony Ward.

NEW COMMISSION OF FINANCING

Treasurer: Martinus Terburg.

Sponsorship: Angela McNamara, Xanthi Michail, Zafer Hacelik, Thomas Aaboe.

UEMS EB PRM: CHANGES IN WORKING GROUPS OF THE EDUCATIONAL COMMISSION

(Chairman: Jan Ekholm)

Examination: Guy Vanderstraeten, Anthony Ward, André Bardot, Jeane-Pierre Didier.

CPD & CME (expanded to Continuous Professional Development and Continuous Medical education): Jan Ekholm, Gustaaf Lankhorst, Carlo Bertolini, Tinus Terburg, Timo Poholainen, Kristina Schüldt, Louis-Pablo Rodriguez-Rodriguez, Suzana Munoz.

Site visits: Alex Chantraine, Martinus Terburg, Veronika Fialka-Moser, Raquel Valero, Angela McNamara, Guy Vanderstraeten, Jean-Pierre Didier, André Bardot, Anthony Ward.