



EDITORIAL

Neither “What’s in a name?” nor “Nomen omen”, but a unique identifier. A call for a single international name for the speciality and the specialist in PRM, PM&R, RM, Physiatry or other

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This issue of the *European Journal of Physical and Rehabilitation Medicine* (EJPRM) hosts a very interesting debate started by an initiative of the British Society of our specialty that decided to move from the name Rehabilitation Medicine to the internationally accepted one: Physical and Rehabilitation Medicine (PRM).¹ We found this initiative very interesting and corresponding to our vision of improving PRM globally and in our continent. Consequently, we asked the relevant European and International Bodies for a comment. The International (ISPRM) and the European Society of PRM (ESPRM), and the European Union of Medical Specialists (UEMS) PRM Section and Board accepted to send their contributions.

*What’s in a name?
That which we call a rose
By any other name would smell as sweet*

In this way, Juliet tells Romeo² that names are not important; what counts are the contents.

Nomen omen

Following Plauto,³ this is the Latin aphorism to say that names tell your destiny.

Neither Shakespeare nor the Romans are correct, but both have some truth. Giving the right name to things is essential, as we learned in our specialty with the progressive understanding granted by the World Health Organization. The starting point was the International Classification of Impairment, Disability and Handicap (ICIDH),⁴ which evolved into the International Classification of Functioning, Disability and Health (ICF).⁵ The ICF is the current reference framework for rehabilitation and provides a terminology that allows better understanding, communication, and research within the field.⁶ Between the extremes of being meaningless (Juliet) or so powerful to determine destiny (Romans), names are communication tools that provide meaning to people. Now, what is the situation in PRM?

PRM is different from other specialties globally recognized by their single name, like neurology, orthopedics, cardiology, pulmonology or pediatrics. PRM is named at least in four most common different ways (Physical and Rehabilitation Medicine – PRM, Physical Medicine and Rehabilitation – PM&R, and the less frequent Rehabilita-

tion Medicine – RM – and physiatry), with many others used in single countries (only in Europe, the ESPRM and the UEMS-PRM Board reports four more).^{7, 8} Paradoxically, the confusion is so great that authors use two versions in the same texts or speeches without even noticing it.⁹ Is this acceptable? We believe it is not. We can understand the historical,¹⁰ cultural or linguistic¹¹ reasons. Still, we cannot accept the consequences, some well painted by Sivan *et al.*¹ for the UK and others described by all the other comments we host.^{7, 8, 10, 11} It is exciting to follow the different perspectives on the problem: global¹¹ and European, the latter with a scientific,⁷ political¹⁰ and educational⁸ view. Nevertheless, the conclusion is the same: we need to be PRM.^{1, 7, 8, 10, 11} As EJPRM, we prefer a less political but more practical proposition: we need a unique name. This label should be: first agreed upon among all global, continental, national and local stakeholders; second, and foremost, used by everybody. Can this happen? There are solid collective reasons in favor, raised in our commentaries^{1, 7, 8, 10, 11} – against strong resistance to change, primarily because of the already cited historical, linguistic and cultural reasons. We are opening a debate, and we will report on the results. For now, we planned a data collection with a possible workshop at the next IS-PRM Meeting in June 2023.

Nevertheless, we must be aware that the problem does not finish here.

Can we imagine neurologists, orthopedic surgeons, cardiologists, pulmonologists, pediatricians, or any other medical specialist with different names in different countries? The European White Book finds unity in Europe around the name Physical and Rehabilitation Medicine physician,¹² which is too long to be concretely usable by the public. The other name most diffused in many countries is physiatrist, but we (still) do not know how many variants exist. Some countries have languages allowing for a single name, like Revalidatiearts in the Netherlands (it could be translated into English as “Rehabilitatrist” or “Rehabilitatrician”). This lack of consistency of job titles is evident in LinkedIn, the most relevant and well-suited platform for physicians and healthcare professionals, even in the Physical and Rehabilitation Medicine.¹³ In fact, in LinkedIn there is wide variety of job titles describing our specialty, even in the English language profiles of specialists.

Frequently, we are called physiotherapists. Others use the name of the organ specialist of their disease, *e.g.* neurologist, orthopedic surgeon, or others. Another unacceptable situation because it precludes the external recogni-

tion, general understanding and overall growth of our specialty. We need a unique name for the specialists, and we need to support it firmly at the different levels: globally, continentally, nationally, and locally.

We do not have a solution to propose as Journal, and the EJPRM does not have preferences (even if we have our individual ones). Simply, we do not want the situation to remain as it is now, and we want to promote a change making the issue global and finally reaching a decision, whatever it will be.

We call for action the global PRM community to define and use:

- a single international name for the speciality;
- a simple, straightforward, usable name for the specialist working in the field.

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