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Internationally, the specialty's contents are well defined. Why not the name?

We thank Wade for the thoughtful letter¹ on the discussion about giving a single name to the specialty and the specialists.²⁻⁷ In agreement with the colleagues involved in the initiative, Wade's letter will be part of the discussion at the Meeting of the International Society of Physical and Rehabilitation Medicine (ISPRM) in Cartagena, where a workshop will be held within the process that we hope will give a global unity to our specialty's name.

In these months, many colleagues felt the need to discuss with us privately or publicly during the European Bodies Meetings in Zagreb (European Society of Physical and Rehabilitation Medicine – ESPRM, and European Union of Medical Specialists Physical and Rehabilitation Medicine Section and Board – UEMS PRM) and Nantes (European Academy of Rehabilitation Medicine - EARM). Some have been pessimistic if not nihilist, while most supported the initiative: still, the majority claimed support for their own country's position. All these discussions support the soundness of the initiative while confirming the difficulties underlined by Wade, too.¹ Nevertheless, we still believe it is a path to follow.

We think we need at least an agreement on the international name, which could be the international name of the specialty (in English) to be equal for everybody. If it is not possible to reach a global agreement, it is still possible for each country to keep their name in their language and convene on the international one if and when they will feel the need to change (to gradually increase unity). Even more difficult is the choice of the name for the specialist: there are good reasons to reach an international agreement with the same compromise we are proposing for the specialty. Problems will perhaps be bigger for the English-speaking countries that will keep their name, but in the end, they are a minority compared to the whole world.

One last word about our statement, reported by Wade,¹ on the decision to look only at our specialty and not outside of it. We are not ignoring all the other professionals working with us. In fact, we think that there are some names used for the specialty that could conflict with other professionals, them being part of the world of rehabilitation in medicine. A correct choice on our side could even be helpful for other professionals. Moreover, we strongly believe that a good relationship starts from knowing ourselves. In these years, we worked thoroughly on the scope and contents of the specialty, well represented in the three editions of the European White Book⁸ and in the recent international Scope Book.⁹ Also, we worked a lot on the educational roots, well defined in the Eu-

ropean¹⁰ and international¹¹ curricula. All these efforts show that the premises asked for by Wade¹ have already been performed and are clear at the European and international level. Hence, we now are perhaps ready more than ever to try facing again the name of the specialty, and finally convene on a single proposition with strong and published statements on why this is the best choice. If an immediate conversion proves not to be possible for some/many countries, we will at least have an agreed path to unity to gradually follow together.

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Conflicts of interest

Both authors certify that there is no conflict of interest with any financial organization regarding the material discussed in the manuscript.

Authors' contributions

Both authors read and approved the final version of the manuscript.

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