

# Simposio REHA TICINO

Venerdì, 30 settembre 2022, dalle 8.30 alle 17.00

Sala congressuale, Palazzo Sopracenerina

Piazza Grande, Locarno

La mancanza di personale qualificato  
nella riabilitazione:

Quali sono le sfide per il settore  
formativo?

## Posizionamento della medicina riabilitativa all'interno della formazione universitaria – l'esempio dell'Italia

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Direttore del dipartimento di riabilitazione, USL Umbria 2, Foligno

# Schema della presentazione



Posizionamento dell'Italia rispetto al numero dei medici

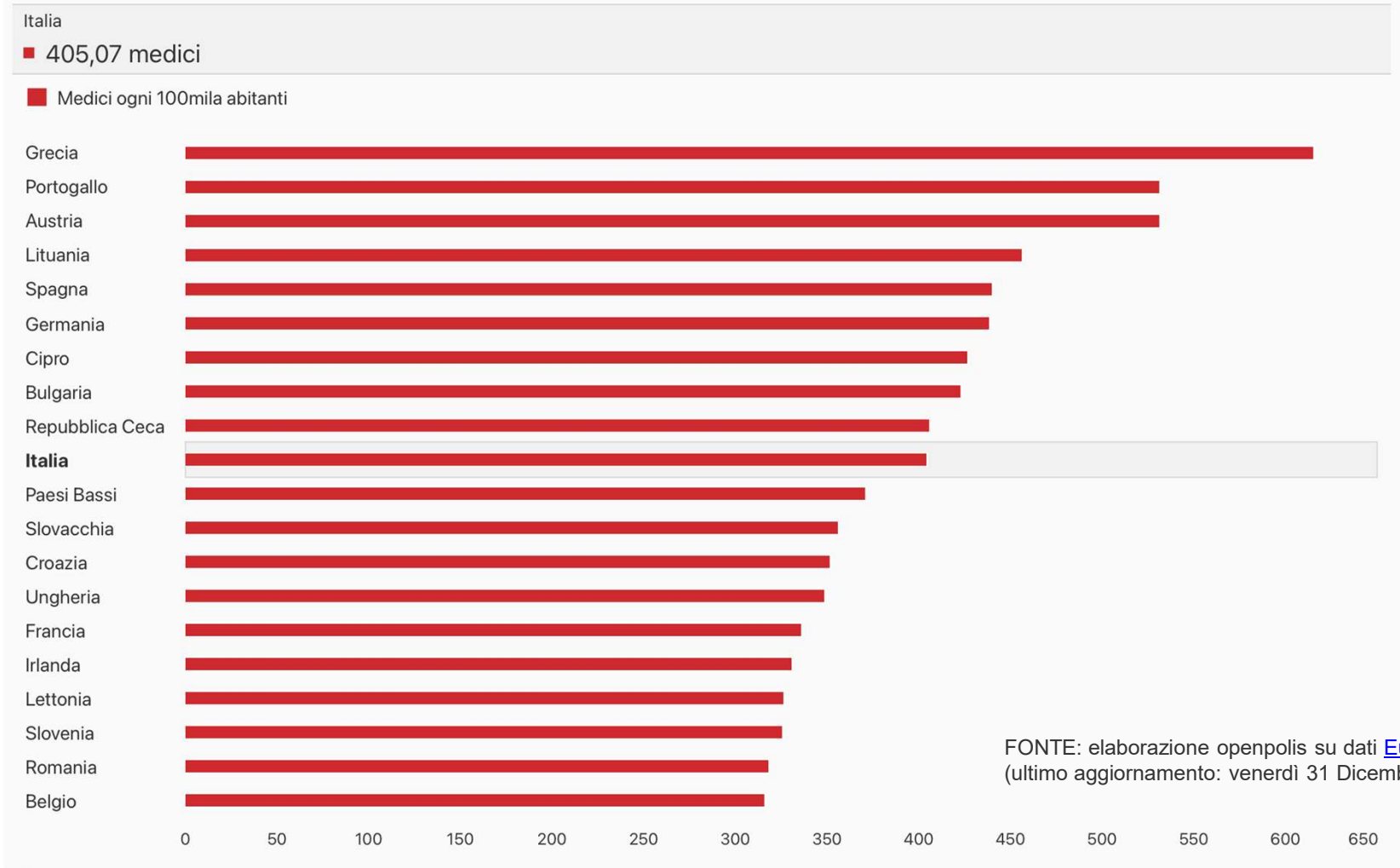
Il contesto Italiano della riabilitazione

Gli specialisti in PRM in Italia

L'organizzazione della formazione universitaria in Italia

Il contesto europeo e le prospettive di sviluppo

## Il numero di medici ogni 100mila abitanti nei paesi Ue (2019)



FONTE: elaborazione openpolis su dati [Eurostat](#)  
(ultimo aggiornamento: venerdì 31 Dicembre 2021)

# THE ITALIAN CONTEXT



*Ministero della Salute*

Piano d'indirizzo per la Riabilitazione

Gruppo di Lavoro sulla Riabilitazione

Ministero della Salute

**Roma, 06 Ottobre 2010**

## Key references

- WHO WHA58.23 Resolution on Disability, including prevention, management and rehabilitation.
- ICF 2002 International Classification of Functioning Disability and Health.
- Madrid Conference 2002 European Year of the Disabled.
- WHO, ILO, UNESCO 2004, Community Based Rehabilitation.
- WHO 2006 Convention on the Rights of the Disabled (L.18 03/03/2009)
- DAR Action Plan 2006 – 2011



EUR J PHYS REHABIL MED 2011;47:621-38

## Rehabilitation National Plan: an Italian Act

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Posizionamento della medicina riabilitativa all'interno  
della formazione universitaria – l'esempio dell'Italia



## BREAKTHROUGH ISSUES (with respect to the 1998 decree)

- Bio-Psycho-Social model (ICF)
- Delivery of Appropriate care and rehabilitation  
**(the right treatment to the right person in the right setting  
at the right time for the right duration)**
- Integrated rehabilitation pathway – rehab network  
**(continuum of care from the acute ward to intensive  
inpatient rehab, to extensive outpatient rehab / home  
rehab, to community integration or long-term  
institutional care for the severely disabled )**
- Clinical government – Rehabilitation department
- Interdisciplinary approach
- Involvement of patients and carers

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# THE ITALIAN CONTEXT

## Statement

« *Rehabilitation is a medical discipline, that is*

- **scientifically sound**
- **socially relevant**
- **economically sustainable »**



## The Individual Rehabilitation Project

The IRP focuses on the needs of the disabled person as a whole, It aims to **set appropriate and achievable goals both in the medium and long term**, exploiting the contributions by an interdisciplinary team

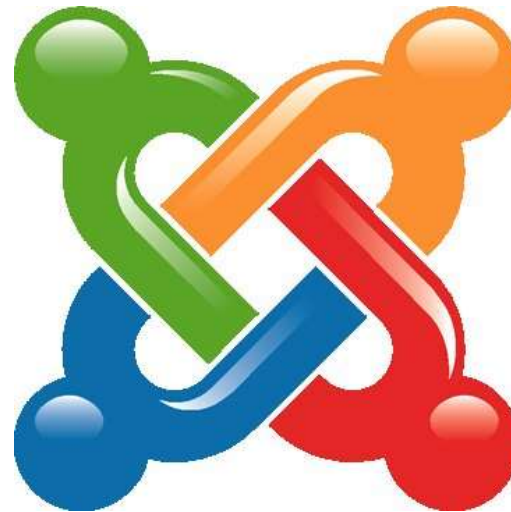
Posizionamento della medicina riabilitativa all'interno della formazione universitaria – l'esempio dell'Italia

# THE REHABILITATION TEAM

**PRM physicians**  
(120 trainees/year)

**NON-medical rehabilitation health professionals** (Ministry decree 29 marzo 2001)

**PT, OT, ST, ...**  
(3000 trainees/year)



**Caregivers**  
(...millions ???)

**Other NON -health professionals with an education in rehabilitation**

**Sports experts, PE teachers, trainers,...**

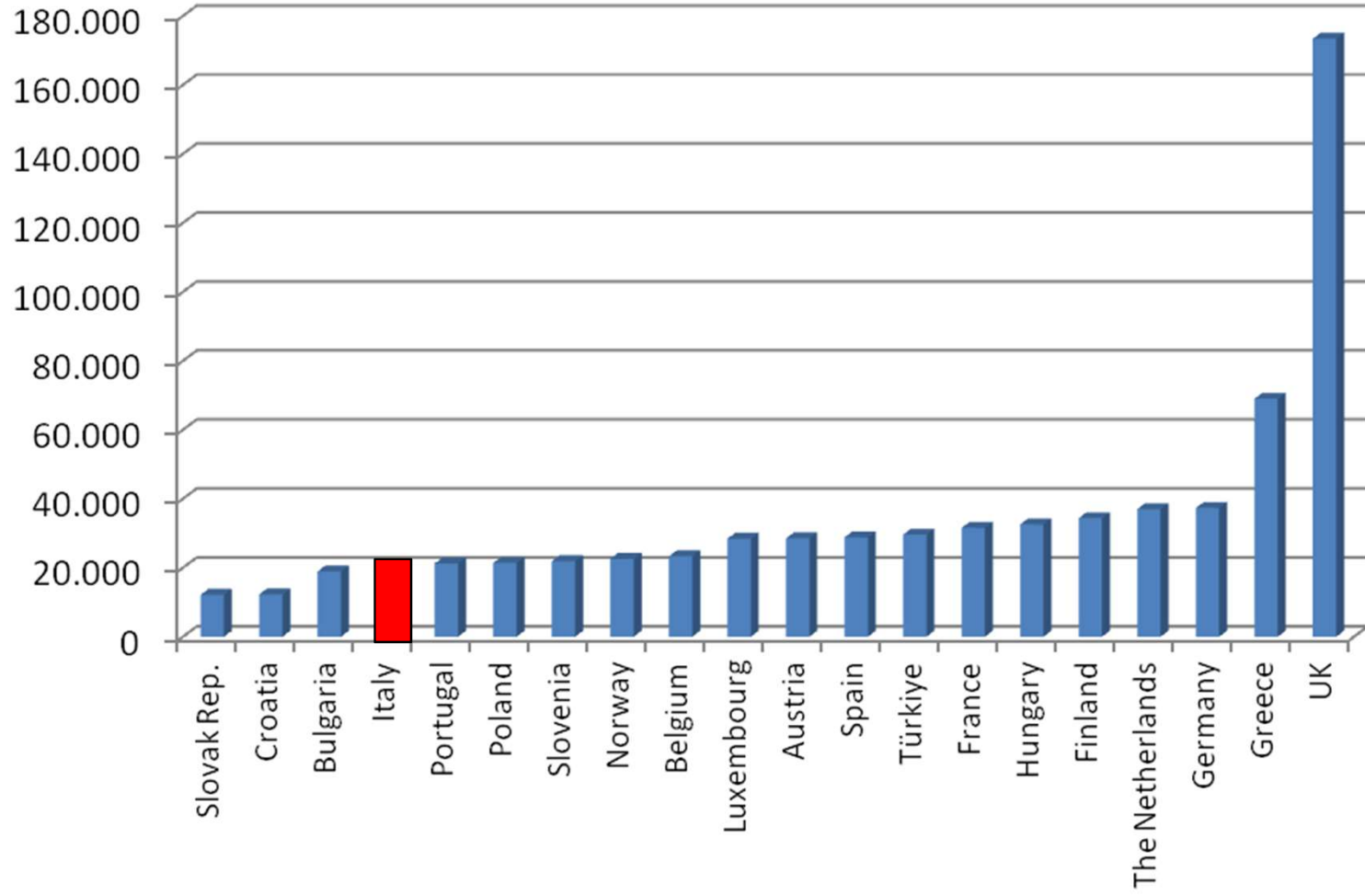
(3400 trainees/year)

## NUMBER OF SPECIALISTS IN EUROPE 2011-2012.

(courtesy of Prof.Fitnat Dincer)

	Population (millions )	PRM Specialist	EBPRM Cert.	1 PRM Per
Austria	8,3	291	54	28.522
Belgium	10,5	450		23.333
Bosnia and Herzegovina	4	110		36.363
Bulgaria	7,2	380	2	18.947
Croatia	4,2	396		10.606
Estonia	1,6	90	5	17.777
Finland	5,5	160		34.375
France	60	1.900		31.578
Germany	81,8	2.191	60	37.334
Greece	10,9	158	81	68.987
Hungary	10	307	12	32.573
Ireland	4,7	8		587.500
Italy	60	3.000	100	20.000
Luxembourg	0,5	18		27.777
Macedonia	2	130		15.384
Norway	4,9	250	1	19.600
Poland	38,5	1.798	1	21.412
Portugal	10	470	38	21.276
Romania	22	770	11	28.571
Slovak Rep.	5,4	445		12.134
Slovenia	2,1	96	39	21.875
Spain	46,1	1.600	245	28.812
Switzerland	7,8	288	139	27.083
The Netherlands	16,5	446		36.995
Türkiye	73,7	1.673	123	44.052
UK	60,7	350		173.428
<b>TOTAL</b>	<b>558,9</b>	<b>17775</b>	<b>911</b>	

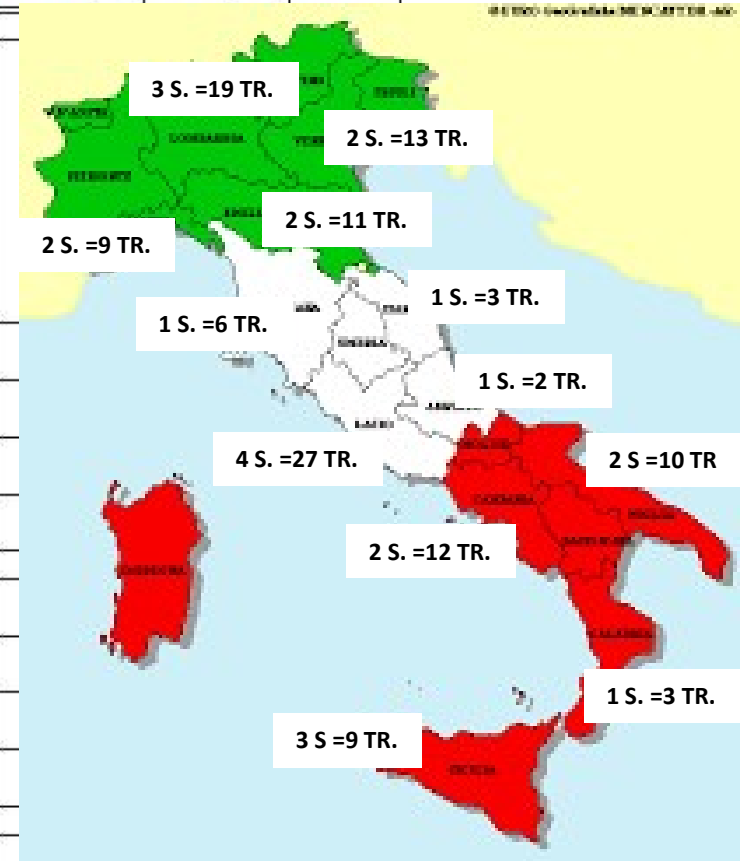
### 1 PMR physician per





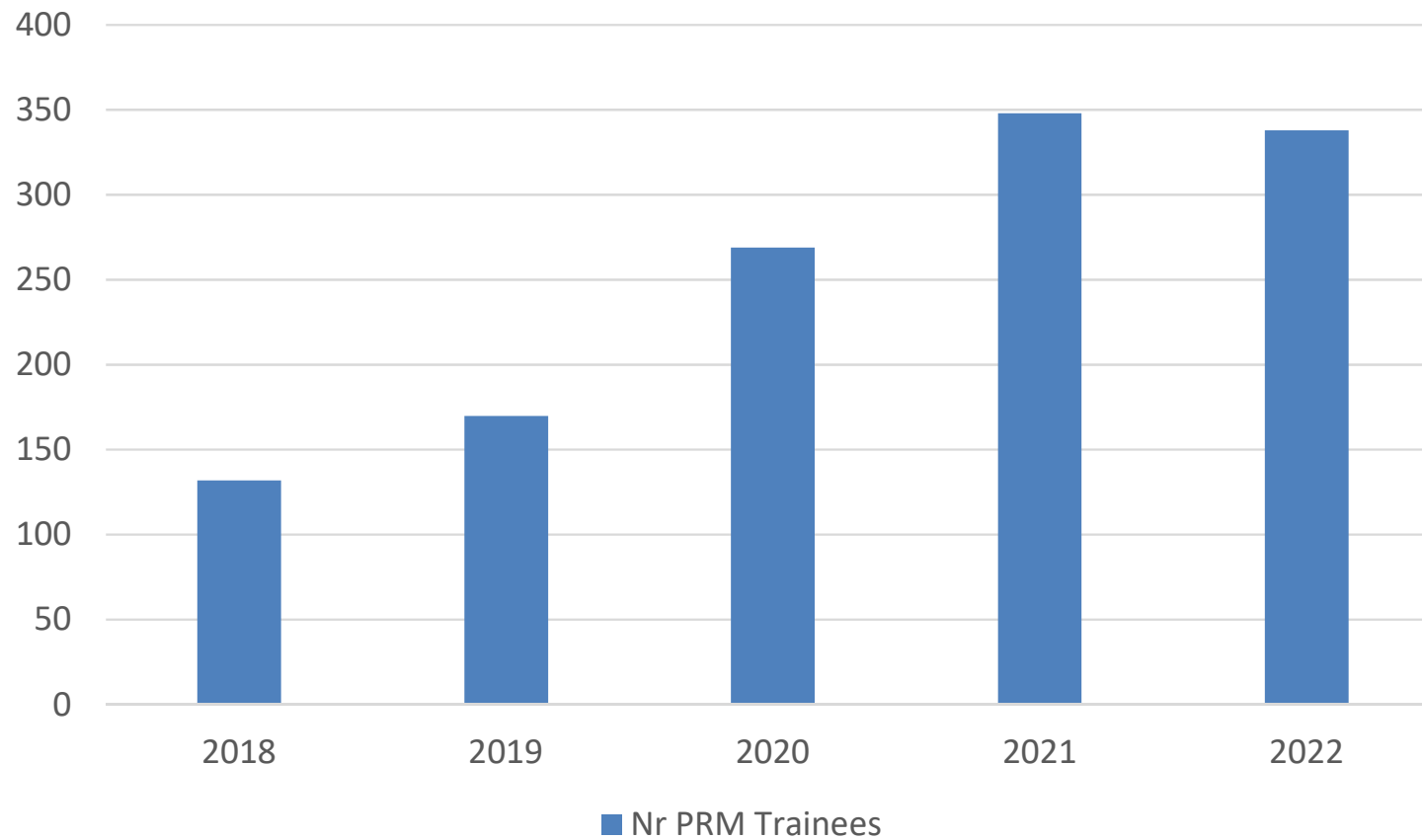
## POSTGRADUATE PRM EDUCATION IN ITALY 2014-2015

<i>Medicina fisica e riabilitativa</i>						
N°	Università	Scuole aggregate	Contratti 2014/2015 (5000)	Contratti 2014/2015 (1000)	Tot Contratti 2014/2015 (6000)	Posti riservati militari
1	Bari		6			
2	Bologna		6			
3	Catania		4			
4	Catanzaro		2			
5	Chieti		2			
6	Foggia		2			
7	Messina		3			
8	Milano		6			
9	Milano "Bicocca"		3			
10	Napoli Federico II		4			
11	Napoli II Ateneo		6			
12	Padova	<i>Trieste</i>	8			
13	Palermo		3			
14	Parma		3			
15	Pavia	<i>Varese "Insubria"</i>	7			
16	Pisa	<i>Firenze</i>	5			
17	Politecnica delle Marche		3			
18	Roma Sapienza Fac. F-M/M-O	<i>Cagliari</i>	10			
19	Roma Sapienza Fac. M-P	<i>Perugia</i>	6			
20	Roma "Tor Vergata"		5			
21	Roma Campus		2			
22	Torino		7			
23	Genova		1			
24	Verona		3			
	<b>TOTALE</b>		<b>107</b>			



**TOTAL: 24 POSTGRADUATE PRM TRAINING UNITS = 127 TRAINEES**

## Nr PRM Trainees



# POSTGRADUATE PRM EDUCATION IN ITALY

## KEY ELEMENTS

- **PRM education is available for the Undergraduate medical students**  
usually on the 5th year  
consisting of 10 hour lectures (on average) and 1 week rotation in the rehab dept.
- **Postgraduate PRM training lasts 4 years**
- **There is an **entry examination** (competitive exam) based on specific knowledge;**  
a few credits are assigned to the undergraduate curriculum

### **Compulsory training - rotations**

(in addition to the training in PRM dept.)

**Orthopedics (4 weeks)**

**Neurology or stroke unit (4 weeks)**

**Cardiology and Pneumology (4 weeks)**

**Oncology (4 weeks)**

**Geriatrics (4 weeks)**

**Anesthesiology and Reanimation (4 weeks)**

**Radiology (4 weeks)**

**Community rehabilitation (4 weeks)**



# POSTGRADUATE PRM EDUCATION IN ITALY

## KEY ELEMENTS

### STANDARD LEVEL OF TRAINING

(SKILLS TO BE ACHIEVED TO BE CERTIFIED AS PRM SPECIALIST)

Trainees have to take part in the following activities and practice on their own at least in 50% cases:

- 30 electrodiagnostic examinations (EMG-ENG);
- 30 muscle-joint US examinations
- 30 Evoked potentials (motor, somatosensory, visual or brainstem)
- 10 Urodynamic assessments
- 50 Joint manipulations
- 40 Intra-articular injections
- 200 Instrumental assessments among : posturography, gait analysis, spirometry, metabolic tests
  
- 200 Clinical and functional assessment through validated outcome scales
- 30 Neuropsychological assessment of cognitive functions
- 100 Assessment and prescription of aids, orthoses and prosthesis
- 50 Rehabilitation project completion, consisting of functional and medical history collection, clinical and functional examination, functional prognosis, indication of rehabilitation aims and selection of rehabilitation interventions.

The following DISABILITY DOMAINS should be covered:

15 cases with severe brain injuries  
15 cases with spine injuries,  
50 cases with neurological disabilities,  
100 cases with orthopedic disabilities  
20 cases with multiple neurological and skeletal  
traumatism  
5 cases with congenital diseases  
30 cases with developmental motor / cognitive  
impairment

### CLINICAL RESEARCH

They should take part in (at least)

- 4 research projects with publication of results in indexed journals
- 4 national or international congresses



## **THE ROLE OF THE EUROPEAN PRM BOARD**

**In line with the aims of the UEMS, the European PRM Board aims to promote patient safety and quality of care through the development of the highest standards of medical training and health care across Europe and the harmonisation of PRM specialists' qualifications.**



<http://www.whitebookprm.eu>

**White Book of PRM in Europe.  
Chapter 9 – Education and continuous  
professional development: shaping the  
future of PRM**

European Journal of Physical and Rehabilitation Medicine 2018 April; 54(2): 279-36  
DOI: 10.23736/S1973-9087.18.05153-5

PRACTICE OF PHYSICAL AND REHABILITATION MEDICINE IN EUROPE

## White Book on Physical and Rehabilitation Medicine (PRM) in Europe. Chapter 9. Education and continuous professional development: shaping the future of PRM

European Physical and Rehabilitation Medicine Bodies Alliance



### ABSTRACT

In the context of the White Book of Physical and Rehabilitation Medicine (PRM), this paper deals with the education of PRM physicians in Europe. To acquire the wide field of competence needed, specialists in Physical and Rehabilitation Medicine have to undergo a well organized and appropriately structured training of adequate duration. In fact they are required to develop not only medical knowledge, but also competence in patient care, specific procedural skills, and attitudes towards interpersonal relationship and communication, profound understanding of the main principles of medical ethics and public health, ability to apply policies of care and prevention for disabled people, capacity to master strategies for reintegration of disabled people into society, apply principles of quality assurance and promote a practice-based continuous professional development. This paper provides updated detailed information about the education and training of specialists, delivers recommendations concerning the standards required at a European level, in agreement with the UEMS rules of creating a Common Training Framework, that consists of a common set of knowledge, skills and competencies for postgraduate training. The role of the European PRM Board is highlighted as a body aimed at ensuring the highest standards of medical training and health care across Europe and the harmonisation of PRM physicians' qualifications. To this scope, the theoretical knowledge necessary for the practice of PRM speciality and the core competencies (training outcomes) to be achieved at the end of training have been established and the postgraduate PRM core curriculum has been added. Undergraduate training of medical students is also focused, being considered a mandatory element for the growth of both PRM speciality and the medical community as a whole, mainly in front of the future challenges of the ageing population and the increase of disability in our continent.

Finally, the problems of continuing professional development and medical education are faced in a PRM European perspective, and the role of the European Accreditation Council of Continuous Medical Education (EACCME) of UEMS is outlined.

(On this article as: European Physical and Rehabilitation Medicine Bodies Alliance. White Book on Physical and Rehabilitation Medicine (PRM) in Europe. Chapter 9. Education and continuous professional development: shaping the future of PRM. Eur J Phys Rehabil Med 2018;54:279-36. DOI: 10.23736/S1973-9087.18.05153-5)

Key words: Physical and Rehabilitation Medicine - Europe - Education, medical - Curriculum - Training.

### Introduction

The White Book (WB) of Physical and Rehabilitation Medicine (PRM) in Europe is produced by the 4 European PRM Bodies and constitutes the reference book for PRM physicians in Europe. It has multiple values, including to provide a unifying framework for the European Countries, to inform decision-makers at the European and national level, to offer educational material for PRM trainees and physicians and information about PRM to the medical community, other rehabilitation professionals and the public. The WB states the importance of PRM speciality, that is a primary medical speciality. The contents include definitions and concepts of PRM, why rehabilitation is needed by individuals and society, the fundamentals of PRM, history of PRM

specialty, structure and activities of PRM organizations in Europe, knowledge and skills of PRM physicians, the clinical field of competence of PRM, the place of PRM speciality in the healthcare system and society, education and continuous professional development of PRM physicians, specificities and challenges of science and research in PRM and challenges and perspectives for the future of PRM.

This chapter deals with the education of PRM physicians in Europe. Detailed information is provided about the education and training of medical specialists, discussing the standards required at a European level – even if these are not (yet) the actual reality in all European countries. Undergraduate training of medical students is focused, being considered a mandatory element for the

The WB states the importance of PRM specialty, that is a primary medical specialty. The contents include definitions and concepts of PRM, **why rehabilitation is needed** by individuals and society, **the fundamentals of PRM**, history of PRM specialty, structure and activities of PRM organizations in Europe, **knowledge and skills** of PRM physicians, the clinical **field of competence** of PRM, the place of PRM specialty in the healthcare system and society, **education and continuous professional development of PRM physicians**, specificities and challenges of science and research in PRM and challenges and perspectives for the future of PRM.

This Chapter answers the following MAIN question:

**WHAT is needed to a physician to become (and remain) a Specialist in PRM ?**  
(education and training requirements, core curriculum of theoretical knowledge and main competencies, skills and attitudes)



## Training duration

Although the mean duration of all specialties training in Europe **has increased in the period 1989-2013**, there is a trend, at the moment, in several European countries, towards decreasing the duration of the medical specialty training for economic and societal accountability reasons.

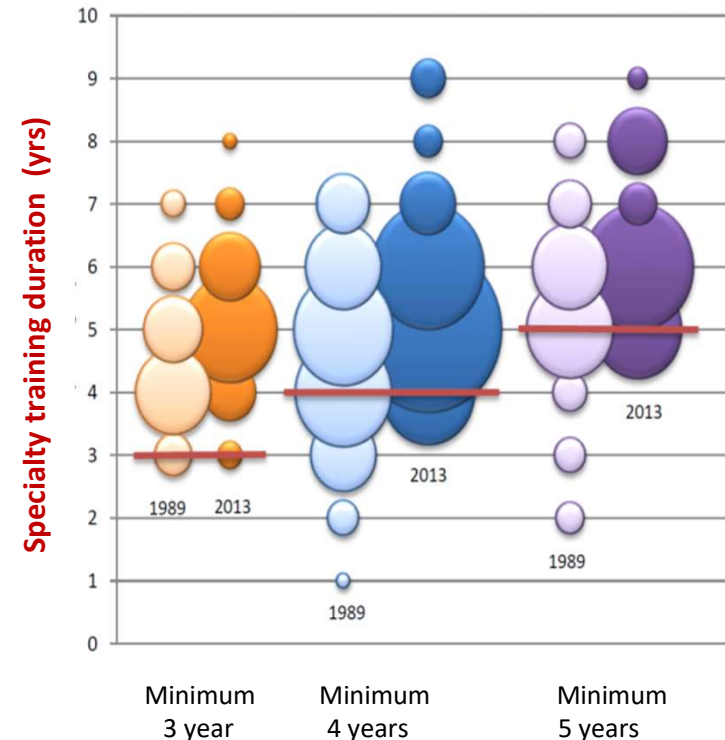
The PRM educational program in Europe is usually configured in 48-month format, rising up to 72 months in some countries, including a minimum 36 months of clinical training (of which 24 months spent in a PRM department).....

.....the PRM Board advocates a duration of training of 60 months including 12 months rotations in external departments (like internal medicine, neurology, intensive care and others)

## White Book of PRM in Europe. Chapter 9 – Education and continuous professional development: shaping the future of PRM

Distribution of specialties with legal course lasting at least 3, 4 or 5 years, respectively, across different European countries: results from two different surveys conducted in 1989 and 2013.

*(See: Eindrapportage Quickscan Opleidingsduur en Bekostiging Medisch Specialistische Vervolgopleidingen in de EU. LSJ Medisch Projectbureau (april 2013))*



**May 27, 2022**

**Examination of the European  
Board of Physical and  
Rehabilitation Medicine, 2022**

<https://uems-prm.eu/examination-of-the-european-board-of-physical-and-rehabilitation-medicine-2022-registration-open/>





World Health Organization

European Region

Regional Committee for Europe  
72nd session

Tel Aviv, Israel, 12–14 September 2022

EUR/RC72/7  
Provisional agenda item 5

1 August 2022 | 220523

ORIGINAL: ENGLISH

### The WHO European framework for action to achieve the highest attainable standard of health for persons with disabilities 2022–2030

13. WHO/Europe is committed to achieving universal health coverage, ensuring that all people across the Region have access to health care, as outlined in the EPW. The accomplishment of this objective will ensure that persons with disabilities have access to affordable, timely, relevant and good-quality health services, both general and specialist, across primary, secondary and tertiary services, including community and in-home service delivery.

14. Strategic priorities:

- (a) Ensure that persons with disabilities and their families are treated with respect and dignity and that they are fully informed and empowered (including legally) to consent before any decisions about their health are taken.
- (b) Eliminate disability discrimination by removing all barriers to accessing and using health care services across the life course, and provide reasonable accommodations to accessibility when needed.
- (c) Strengthen health systems to deliver or coordinate rehabilitation, habilitation, assistive technology, assistance and support services (including peer support), and community-based rehabilitation.
- (d) Develop and/or reform health and disability laws, policies, strategies and plans for consistency with the United Nations Convention on the Rights of Persons with Disabilities.



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Posizionamento della medicina riabilitativa all'interno della formazione universitaria – l'esempio dell'Italia



**World Health  
Organization**

European Region

**Regional Committee for Europe**  
72nd session

**Tel Aviv, Israel, 12–14 September 2022**

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EUR/RC72/R2

13 September 2022 | 220768

ORIGINAL: ENGLISH

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**Leveraging digital transformation  
for better health in Europe:  
Regional digital health action plan  
for the WHO European Region 2023–2030**

**Resolution**

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Posizionamento della medicina riabilitativa all'interno  
della formazione universitaria – l'esempio dell'Italia

# Conclusioni

- Il contesto economico condiziona l'offerta di posti disponibili per la specializzazione;
- Crescente domanda di riabilitazione
- Possibilità/rischio di passaggio di competenze mediche alle altre professioni
- Occorre una strategia europea per incrementare la qualità e professionalità in riabilitazione
- La medicina digitale come parte dell'organizzazione della riabilitazione

# Backup

N.	TIPOLOGIA DI SCUOLA	posti coperti con fondi statali 2021-2022	posti aggiuntivi coperti con fondi regionali 2021-2022	posti aggiuntivi coperti con fondi di altri Enti finanziatori pubblici e privati 2021-2022	TOTALE posti coperti con fondi statali, regionali e altri Enti 2021-2022	Posti riservati esigenze Sanità Militare 2021-2022	Posti riservati esigenze Sanità Polizia di Stato 2021-2022	Posti riservati esigenze Serv. San. Naz. 2021-2022	TOTALE COMPLESSIVO PER TIPOLOGIA DI SCUOLA
1	ALLERGOLOGIA E IMMUNOLOGIA CLINICA	85	5	0	90	0	0	6	96
2	ANATOMIA PATOLOGIA	160	16	2	178	0	0	4	182
3	ANESTESIA E RIANIMAZIONE e t.i. e del d.	1.139	82	3	1.224	0	0	24	1248
4	AUDIOLOGIA E FONIATRIA	20	3	0	23	0	0	1	24
5	CARDIOCHIRURGIA	87	5	0	92	0	0	0	92
6	CHIRURGIA GENERALE	623	26	0	649	1	0	7	657
7	CHIRURGIA MAXILLO FACCIALE	46	5	0	51	0	0	0	51
8	CHIRURGIA PEDIATRICA	38	8	0	46	0	0	1	47
9	CHIRURGIA PLASTICA RICOSTRUTTIVA ED ESTETICA	112	14	0	126	0	0	5	131
10	CHIRURGIA TORACICA	77	4	0	81	0	0	0	81
11	CHIRURGIA VASCOLARE	117	6	0	123	0	0	4	127
12	DERMATOLOGIA E VENEREOLOGIA	128	17	1	146	0	0	6	152
13	EMATOLOGIA	199	23	0	222	0	0	5	227
14	ENDOCRINOLOGIA E MALATTIE DEL METABOLISMO	186	25	0	211	0	0	4	215
15	FARMACOLOGIA E TOSSICOLOGIA CLINICA	94	4	0	98	0	0	1	99
16	GENETICA MEDICA	74	11	0	85	0	0	0	85
17	GERIATRIA	323	28	3	354	0	0	6	360
18	GINECOLOGIA E OSTETRICIA	513	18	1	532	2	0	1	535
19	IGIENE E MEDICINA PREVENTIVA	483	33	4	520	0	0	22	542
20	MALATTIE DELL'APPARATO CARDIOVASCOLARE	491	58	5	554	3	0	19	576
21	MALATTIE DELL'APPARATO DIGERENTE	186	34	2	222	0	0	4	226
22	MALATTIE DELL'APPARATO RESPIRATORIO	285	21	0	306	0	0	8	314
23	MALATTIE INFETTIVE E TROPICALI	278	41	0	319	0	0	7	326
24	MEDICINA DEL LAVORO	195	10	0	205	9	1	6	221
25	MEDICINA DELLO SPORT E DELL'ESERCIZIO FISICO	75	10	2	87	0	0	2	89
26	MEDICINA DI EMERGENZA E URGENZA	807	43	1	851	1	0	34	886
27	MEDICINA DI COMUNITA' E DELLE CURE PRIMARIE	112	26	0	138	0	0	4	142
28	MEDICINA E CURE PALLIATIVE	100	12	0	112	0	0	0	112

29	MEDICINA FISICA E RIABILITATIVA	322	6	2	330	0	0	8	338
30	MEDICINA INTERNA	621	41	0	662	1	0	10	673
31	MEDICINA LEGALE	151	7	0	158	3	2	8	171
32	MEDICINA NUCLEARE	85	5	0	90	0	0	4	94
33	MEDICINA TERMALE	3	0	0	3	0	0	0	3
34	MICROBIOLOGIA E VIROLOGIA	111	18	0	129	0	0	2	131
35	NEFROLOGIA	283	22	0	305	0	0	2	307
36	NEUROCHIRURGIA	102	4	0	106	0	0	1	107
37	NEUROLOGIA	286	28	4	318	1	0	3	322
38	NEUROPSICHIATRIA INFANTILE	251	27	0	278	0	0	5	283
39	OFTALMOLOGIA	199	20	0	219	2	0	16	237
40	ONCOLOGIA MEDICA	289	20	2	311	0	0	11	322
41	ORTOPEDIA E TRAUMATOLOGIA	460	32	5	497	3	0	10	510
42	OTORINOLARINGOIATRIA	170	7	0	177	4	0	4	185
43	PATOLOGIA CLINICA E BIOCHIMICA CLINICA	243	6	0	249	0	0	2	251
44	PEDIATRIA	778	49	0	827	0	0	14	841
45	PSICHIATRIA	476	39	1	516	4	0	2	522
46	RADIOLOGIA	539	29	0	568	3	0	13	584
47	RADIOTERAPIA	150	2	3	155	0	0	0	155
48	REUMATOLOGIA	105	13	0	118	0	0	6	124
49	SCIENZA DELL'ALIMENTAZIONE	60	5	0	65	0	0	6	71
50	STATISTICA SANITARIA E BIOMETRIA	29	3	0	32	0	0	1	33
51	UROLOGIA	254	13	0	267	0	0	4	271

TOTALE COMPLESSIVO POSTI 2021-2022	TOTALE posti coperti con fondi statali 2021-2022	TOTALE posti aggiuntivi coperti con fondi regionali 2021-2022	TOTALE posti aggiuntivi coperti con fondi di altri Enti finanziatori pubblici e privati 2021-2022	TOTALE posti coperti con fondi statali, regionali e altri Enti 2021-2022	TOTALE Posti riservati esigenze Sanità Militare 2021-2022	TOTALE Posti riservati esigenze Sanità Polizia di Stato 2021-2022	TOTALE Posti riservati esigenze Serv. San. Naz. 2021-2022	TOTALE COMPLESSIVO 2021-2022
	13.000	984	41	14.025	37	3	313	14.378



## EDUCATION AND TRAINING

### UNDERGRADUATE TRAINING      Core knowledge of rehabilitation principles and PRM role

a	The principles of PRM and the bio-psycho-social model of the international classification of functioning, disability and health;
b	The organisation and practice of PRM (acute and post-acute rehabilitation, as well as rehabilitation programmes for patients with chronic conditions);
c	The principles and aims of functional assessment and the main adverse factors of functional recovery
d	The principles and potential of physiotherapy, occupational therapy, (neuro)psychology, speech and language therapy and other rehabilitation therapies;
e	The principles and effects of drug treatments used to improve function, prevent complications, alleviate pain or any other source of discomfort;
f	Comprehensive rehabilitation programmes and their main indications;
g	The rehabilitative needs of patients with special conditions (e.g. ....(e.g. stroke, <u>traumatic brain injury</u> , multiple trauma, <u>spinal cord injury</u> , low back pain, arthritis, cancer, etc.);
h	Knowledge of the social system and legislation concerning disability and rehabilitation at national level, as well as ethical and human rights issues in rehabilitation.
i	The principles of PRM and the bio-psycho-social model of the international classification of functioning, disability and health;
j	The organisation and practice of PRM (acute and post-acute rehabilitation, as well as rehabilitation programmes for patients with chronic conditions);
K	The principles and aims of functional assessment and the main adverse factors of functional recovery
l	The principles and potential of physiotherapy, occupational therapy, (neuro)psychology, speech and language therapy and other rehabilitation therapies;

## EDUCATION AND TRAINING - Curriculum in PRM: main principles

- a** clinical and instrumental assessment to determine the pathophysiology mechanisms and the underlying diagnosis of the patient's condition.
- b** learning principles/neuroplasticity/repair/recovery ....
- c** functional assessment in the frame of ICF, including assessment of body function/structure impairment, assessment of activity limitation and participation restriction and discrimination between capacity and performance, based on the detection of contextual (personal characteristics) and environmental barriers/facilitators
- d** implementation of clinical and instrumental assessment tools to explore motor, cognitive, behavioural and autonomic functions.
- e** prognosis of disease/disability course, detection of adverse/favourable factors of functional recovery and definition of the means (ways) of recovery, compensation and adaptation
- f** devising and conducting a rehabilitation plan, through a team-based approach that consists of setting achievable short, medium and long-term goals, agreed with the patient and carers, and eventually leading to patient's reintegration in the community and improved quality of life;
- g** prescription, as much evidence-based as possible, of medical and physical treatments (including drug treatment, physical modalities, innovative technologies, natural factors and others), as well as of technical aids (orthotics, prosthetics, wheelchairs and others), effective to achieve the goals of the rehabilitation plan;
- h** prevention and management of complications
- i** leadership and teaching skills appropriate to coordinate and prioritize teamwork
- j** communication skills appropriate to convey relevant information and explanations to the patient/carers, to colleagues in charge of the patient and other health professionals with the objective of joint participation in the planning and implementation of continuous health care from the initial stage to the post-acute and steady state
- k** commitment to carrying out professional responsibilities and adherence to ethical principles, demonstrating compassion, integrity, and respect for others; responsiveness to patient needs, respect for patient privacy and autonomy, sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
- l** active cooperation with the public health agencies and other bodies involved in the health care system
- m** identification of the health needs of the community and implementation of appropriate measures aimed at the preservation and promotion of health and healthy lifestyles and prevention of diseases
- n** conducting a programme of therapeutic education for disabled people and caregivers.
- o** participation in education of physicians and other professionals involved in care for disabled people.
- p** implementation of cost awareness and risk-benefit analysis in patient and/or population-based care
- q** ability to improve the quality of professional work through continuous learning and self-assessment, managing practice and career with the aim of professional development
- r** ability to apply the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care