

LETTER TO THE EDITOR

THE SEARCH FOR GUIDELINES IN PHYSICAL AND REHABILITATION MEDICINE: ISPRM WHISTLING FROM SOUTHEAST ASIA

With continuing advances in medicine, the quality of healthcare services worldwide is improving. However, as the range of therapeutic alternatives increases, the therapeutic approaches of physicians are likely to become increasingly divergent. Thus, there is a need for more standardized treatment protocols worldwide.

The number of international clinical guidelines is increasing. There are published guidelines for particular health conditions in physical and rehabilitation medicine (PRM), e.g. low back pain, osteoarthritis and stroke, but none that apply solely to PRM, and thus they lack a physiatrist's approach (1–3). As those diseases account for some of the most common clinical scenarios that PRM physicians face in their daily practice (4), the lack of relevant international PRM guidelines is a problem.

In February 2013 this subject was discussed at an expert meeting during the 6th Asian Rehabilitation Medicine Association congress in Manila, Philippines. It was noted that a few countries have their own guidelines; for example, the Brazilian Association of Physical and Rehabilitation Medicine has developed clinical practice guidelines for stroke, spinal cord injury, traumatic brain injury, cerebral palsy, chronic non-specific low back, and neck pain (5–8). The Philippine Academy of Rehabilitation Medicine has developed clinical practice guidelines on stroke rehabilitation and low back pain management, through the approach of contextualizing relevant Western guidelines, i.e. implementation and uptake, rather than *de novo* development (4). This approach can be adopted by developing countries to bring evidence efficiently into practice. Likewise, Turkish PRM physicians took a similar approach to produce “consensus” papers on knee osteoarthritis (9), rheumatoid arthritis (10), and ankylosing spondylitis (11, 12).

It is likely that there are other national guidelines for PRM physicians, of which we are unaware, since only a few have been published in international journals (9–12). Thus, the recently established ISPRM Clinical Sciences Committee has initiated an attempt to determine how these “local” guidelines can be gathered and used under the umbrella of the International Society of Physical and Rehabilitation Medicine (ISPRM) (or somehow be endorsed by the ISPRM). It is hoped that the literature will shortly be enriched by new international guidelines for PRM.

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