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Editorial

Physical medicine and rehabilitation: A global health priority in times of conflict, disaster, and chronic disease

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Physical Medicine and Rehabilitation, also known as physiatry, has evolved from a collection of fragmented therapeutic practices into a central pillar of contemporary healthcare. Its trajectory reflects the intersection of war, epidemiological transition, and health system transformation. As this new journal is launched, it is both timely and necessary to revisit the origins and evolution of Physical Medicine and Rehabilitation while critically examining its current status in the context of escalating non-communicable diseases, global conflicts, disasters, and renewed international commitments to strengthen rehabilitation within health systems.

The conceptual roots of Physical Medicine and Rehabilitation extend to antiquity, where exercise, manual therapies, and hydrotherapy were used to restore function. However, its emergence as a formal medical specialty occurred in the early 20th century, shaped profoundly by global conflicts [1]. The rehabilitation needs of injured soldiers during the World Wars catalyzed the development of structured, interdisciplinary programs. Visionaries such as Howard A. Rusk promoted a holistic model integrating physical, psychological, and social dimensions of care, laying the foundation for modern rehabilitation medicine [2].

The post-war period witnessed rapid institutional expansion, including the establishment of academic departments, professional organizations, and training programs. Over time, Physical Medicine and Rehabilitation transitioned from a disease-centered model to a function-centered paradigm, culminating in the adoption of the International Classification of Functioning, Disability and Health [3]. This framework reframed health in terms of functioning, participation, and contextual factors, positioning rehabilitation as an integral component of health systems rather than a supplementary service.

In the 21st century, Physical Medicine and Rehabilitation has gained renewed relevance due to three converging global trends. First, the rising burden of non-communicable diseases including stroke, cardiovascular diseases, diabetes, and musculoskeletal disorders has significantly increased the demand for rehabilitation. With improved survival rates and aging populations, more individuals are living with chronic conditions and functional limitations. It is estimated that over 2.4 billion people worldwide could benefit from rehabilitation services, underscoring the magnitude of unmet need [4].

Second, ongoing conflicts and humanitarian crises have reinforced the essential role of rehabilitation. Modern warfare produces complex injury patterns, including polytrauma, spinal cord injuries, traumatic brain injuries, and amputations, all of which require long-term multidisciplinary care [5]. Conflicts also disrupt fragile health systems, exacerbating inequities in access to rehabilitation. Increasingly, rehabilitation is recognized as a critical component of emergency response and post-conflict recovery, bridging acute care and long-term community reintegration.

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Third, the increasing frequency and intensity of natural disasters particularly in vulnerable regions have exposed systemic gaps in rehabilitation capacity. Earthquakes, floods, landslides, cyclones, and pandemics such as COVID-19 create surges in disability and long-term functional impairment [6]. These realities demand resilient health systems capable of integrating rehabilitation across the continuum of care, from acute management to community-based services.

In response, rehabilitation has emerged as a global public health priority. The World Health Organization's "Rehabilitation 2030" initiative calls for scaling up rehabilitation services through strengthened governance, financing, workforce development, and data systems. This momentum was further reinforced by the landmark resolution at the Seventy-sixth World Health Assembly, which formally recognizes rehabilitation as an essential health service and a core component of Universal Health Coverage [7].

Complementing these efforts, global professional bodies have contributed significantly to advancing the rehabilitation agenda. However, despite these advances, substantial challenges persist particularly in LMICs, where more than half of those in need do not receive rehabilitation services [8]. Key barriers include shortages of trained professionals with poor multidisciplinary rehabilitation team works, inadequate infrastructure, fragmented governance, and limited financing [9]. Effective rehabilitation depends on coordinated teamwork among physiatrists, rehabilitation nurses, physiotherapists, occupational therapists, speech and language therapists, psychologists, and social workers. However, in many LMICs, these roles are either underdeveloped or poorly integrated [10].

Addressing this gap requires transforming education and training for rehabilitation professionals through competency-based curricula aligned with global health priorities. Curricula should incorporate the International Classification of Functioning, Disability and Health framework, team-based care, disaster, and community rehabilitation, with leadership development for physiatrists to serve as clinicians and system advocates. Simultaneously, rehabilitation service planning must be context-specific, adapting evidence-based models to local epidemiology, resources, and cultural realities through task-sharing, community-based approaches, and integration into primary care. The future of PM&R depends on seamless integration across all levels of healthcare, the appropriate use of technologies ranging from tele-rehabilitation to robotics, and a sustained commitment to the rights, participation, and inclusion of persons with disabilities within broader health and development agendas.

As the Bangladesh Journal of Physical Medicine and Rehabilitation steps to its journey, it must serve as a platform for advancing evidence, informing policy, and fostering collaboration. There is a critical need for context-specific research from LMICs to address gaps in knowledge, workforce development, and service delivery. By amplifying diverse perspectives and promoting scientific rigor, the journal can play a pivotal role in strengthening rehabilitation systems.

Physical Medicine and Rehabilitation has become an essential element of modern healthcare, driven by historical developments and current global challenges. In an era marked by non-communicable diseases, conflicts, and disasters, rehabilitation is no longer optional but crucial. Global commitments emphasize the shared responsibility to ensure accessible, equitable, and integrated rehabilitation services. Achieving this requires expanding services, investing in workforce education, reforming curricula, and developing context-specific, resilient, multidisciplinary systems to meet the diverse needs of populations worldwide.

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