

A Brief History and International Perspective of the Japanese Association of Rehabilitation Medicine: The 50th Anniversary in 2013

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INTRODUCTION

In 2013, the Japanese Association of Rehabilitation Medicine (JARM; <http://www.jarm.or.jp/english/>) celebrated its 50th anniversary.

The concept of rehabilitation medicine in Japan dates back to the 1920s, in an era when rehabilitation primarily focused on disabled children. In 1963, JARM was inaugurated. A brief history of the Association is outlined in [Table 1](#), and its successive leaders are listed in [Table 2](#).

JARM is accredited as one of the 122 member societies of the Japanese Association of Medical Sciences and is one of 19 societies that possess a specialty board. In 2012, JARM was approved as a public interest incorporated association by the Japanese government. In addition to gaining social credibility, public interest incorporated associations are exempted from taxation for activities related to the public interest.

Japan has a population of 128 million, with more than 22% aged 65 years or older. The density of physicians is 225 per 100,000 population. As of April 2014, JARM has a membership of 9998, including 2002 board-certified physiatrists and 3445 board-certified rehabilitation physicians. The requirements for board-certified physiatrists are 5 years of training after graduation from medical school, including a 3-year residency in rehabilitation medicine, and successful completion of written and oral examinations. Certification must be renewed every 5 years. The requirements for board-certified rehabilitation physicians are 5 years of training after graduation from medical school, including a 1-year residency in rehabilitation medicine, and successful completion of a written examination. Certification for board-certified rehabilitation physicians also must be renewed every 5 years.

An accredited institute of rehabilitation medicine is defined as a hospital where training curricula are in place under the guidance of at least one certified physiatrist. The previously described 3-year or 1-year residency training requirements should be fulfilled in these accredited institutes for a medical graduate to become board-certified physiatrist or rehabilitation physician, respectively. In 2014, the total number of accredited institutes is 574.

POSTGRADUATE TRAINING IN REHABILITATION MEDICINE IN JAPAN

The board certification system for rehabilitation medicine in Japan was initiated in 1980. In 1987, JARM started another certification system to comply with the national system for certifying medical specialties in Japan. The two groups of specialists certified by these 2 systems were called board-certified physiatrists and board-certified rehabilitation physicians, respectively. In 2003, the 2 boards were unified into a new board to fulfill the criteria for specialty approval by the Ministry of Health, Labour and Welfare. Members certified by this system are “board-certified physiatrists”; “board-certified rehabilitation physician” has been preserved as a certification system for physicians who have been practicing rehabilitation medicine in certain medical fields such as orthopedics, neurology, neurosurgery, and pediatrics [1]. [Table 3](#) shows the numbers of board-certified physiatrists, board-certified rehabilitation physicians, and accredited institutes from 1981 through 2014. The majority of board-certified rehabilitation physicians are orthopedic surgeons.

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Table 1. History of the Japanese Association of Rehabilitation Medicine

Year	Event
1963	Establishment of JARM
1964	Publication of <i>Japanese Journal of Rehabilitation Medicine</i> , Vol. 1
1968	The 1st Annual Meeting of JARM is held JARM becomes a member of the Society of the Japanese Association of Medical Sciences
1980	The Japanese Board of Rehabilitation Medicine is established
1987	International Rehabilitation Medicine Association VIII is held in Kyoto
1989	JARM becomes an incorporated association
2001	New Millennium Asian Symposium is held in Tokyo
2003	A new certification/education system of JARM is initiated
2012	JARM becomes a public interest incorporated association

JARM = Japanese Association of Rehabilitation Medicine.

The number of board-certified rehabilitation physicians has shown an apparent decrease since 2000. This decrease has probably occurred because physicians who were board certified at the beginning of the qualification system gradually retired, although an average of 73 physicians a year have taken the examination for board-certified rehabilitation physicians for the past 7 years. Thus far there is no statutory difference between board-certified physiatrists and board-certified rehabilitation physicians in terms of job specification in health care systems, except that board-certified physiatrists can proclaim their specialty as approved by the Ministry of Health, Labour and Welfare, and full-time employment of a board-certified physiatrist is a condition for certification of accredited institutes. In the near future, a new national certification system will be launched, which might result in a substantial difference in health care jobs between the 2 categories.

The Guideline for Postgraduate Training of Rehabilitation Medicine was published in 1982 and revised in 1993 (Table 4). Then, in 2003 the Fundamental Principles for Education of Rehabilitation Medicine (Table 5) were determined, with a curriculum containing specific objectives. Residency training programs in accredited institutes and education courses sponsored by JARM are organized according to the Guidelines (1982, 1993) and the Fundamental Principles for Education of Rehabilitation Medicine (2003), including diagnosis and treatment of disability, interdisciplinary interventions, and legislative issues. Training in the first and second postgraduate years (PGYs) includes reading authorized textbooks and practice in various medical disciplines, including emergency medicine, internal medicine, orthopedics, and urology. In the third and fourth PGY, residents practice rehabilitation medicine for specific disorders

Table 2. Leaders of the Japanese Association of Rehabilitation Medicine

No.	Name (last, first)	Year	Remarks
1	Mizuno, Shotaro	1963-1964	
2	Ooshima, Yoshio	1964-1965	
3	Amako, Tamikazu	1965-1966	
4	Sunahara, Moichi	1966-1967	
5	Koike, Fumihide	1967-1968	
6	Aizawa, Toyozo	1968-1969	
7	Kawamura, Bunichiro	1969-1970	
8	Kobayashi, Tachio	1970-1971	
9	Tuchiya, Kokichi	1971-1972	
10	Sugiyama, Takashi	1972-1973	
11	Yamada, Kengo	1973-1974	
12	Kashiwagi, Daiji	1974-1975	
13	Yokoyama, Iwao	1975-1976	
14	Kodama, Toshio	1976-1977	
15	Kimura, Noboru	1977-1978	
16	Sato, Kozo	1978-1979	
17	Sasaki, Satoshi	1979-1980	
18	Akashi, Ken	1980-1981	
19	Tsuyama, Naoichi	1981-1982	
20	Sobue, Itsuro	1982-1983	
21	Nojima, Motoo	1983-1984	
22	Takahashi, Isamu	1984-1985	
23	Suzuki, Ryohei	1985-1986	
24	Ueda, Satoshi	1986-1987	The Sidney Licht Lectureship Award (2001)
25	Ookawa, Tsuguo	1987-1988	
26	Imada, Hiraku	1988-1989	
27	Ogata, Hajime	1989-1990	
28	Tsuyama, Naoichi	1990-1994	
29	Yonemoto, Kyojo	1994-1998	
30	Chino, Naoichi	1998-2004	The Herman J. Flax Lifetime Achievement Award (2009)
31	Eto, Fumio	2004-2008	
32	Liu, Meigen	2008-2012	
33	Mizuma, Masazumi	2012-present	

such as stroke, amputation, cerebral palsy, dysphagia, and spasticity.

Electrodiagnosis is an essential skill for Japanese physiatrists. In the fifth PGY, research and management of interdisciplinary intervention are encouraged. Many physiatrists also apply for international fellowships.

ACADEMIC ACTIVITIES AND OFFICIAL JOURNAL

JARM holds 2 nationwide annual meetings: the annual meeting of JARM (3 days in spring) and the annual meeting of the Board-Certified Physiatrist Association (2 days in autumn). The numbers of attendees based on registration fee payment for the past 10 annual meetings of JARM from 2004 to 2013 were 2603, 2323, 2828, 3270, 2937, 2484, 2310, 2496, 3111, and 3438. The numbers of attendees for the annual meetings of the Board-Certified Physiatrist

Table 3. Number of board-certified physiatrists, board-certified rehabilitation physicians, and accredited institutes

Year	Board-certified physiatrists	Board-certified rehabilitation physicians	Accredited institutes
1981	18		
1982	82		
1983	124		
1984	151		
1985	179		
1986	210		
1987	258		86
1988	306	575	139
1989	354	1188	165
1990	382	1822	187
1991	423	2301	211
1992	453	3456	238
1993	484	4466	217
1994	523	4694	232
1995	578	5226	242
1996	615	5254	247
1997	645	5104	262
1998	668	5079	285
1999	709	5081	304
2000	749	5075	324
2001	780	5061	345
2002	813	4971	341
2003	792	4690	359
2004	831	4232	345
2005	1065	4535	375
2006	1230	4117	400
2007	1354	4127	430
2008	1464	4139	453
2009	1649	4127	467
2010	1732	4025	497
2011	1789	3923	503
2012	1854	3914	517
2013	1942	3429	539
2014	2002	3445	574

Table 4. Educational guideline—1993

Generalities
I. General issues
II. Kinesiology
III. Disabilities
IV. Diagnosis/evaluation
V. Therapeutics
VI. Legislative issues
VII. Community-based rehabilitation
VIII. Others
Specific Disorders
I. Stroke, etc
II. Spinal cord injury, etc
III. Cerebral palsy, etc
IV. Neuromuscular diseases
V. Bone and joint diseases
VI. Amputee
VII. Respiratory diseases
VIII. Circulatory diseases
IX. Geriatrics
X. Malignancy, burn, etc

Table 5. Fundamental principles for education of rehabilitation medicine

1. Structure and function related to human activities
2. Diagnosis and treatment of diseases affecting human activities
3. Evaluation of structure and function, activities, participation, and personal and environmental factors
4. Physical therapy, occupational therapy, speech therapy
5. Orthotics and prosthetics
6. Rehabilitation of specific disorders
7. Interdisciplinary interventions
8. Legislative issues

Association from 2006 (the year when the Association was formally established as an organization within JARM) to 2013 were 186, 231, 472, 472, 688, 758, 880, and 518.

Since 1964, JARM has published an official monthly peer-reviewed journal titled *Japanese Journal of Rehabilitation Medicine*. The journal is in Japanese with English abstracts available at http://www.jarm.or.jp/english/e_publication.html. Members of JARM can download the full text in PDF form. Other journals in rehabilitation science published independently by other rehabilitation societies include a peer-reviewed open-access English journal named *Japanese Journal of Comprehensive Rehabilitation Science*, published as the official scientific journal of the KAIFUKUKI Rehabilitation Ward Association, and an official journal of the Japanese Society of Dysphagia Rehabilitation, which is in Japanese. The full text of the *Japanese Journal of Comprehensive Rehabilitation Science* can be downloaded at http://www.rehabili.jp/jjcrs/index_e.html.

INTERNATIONAL PERSPECTIVE

With 50 years of experience, especially with that gained from the 8th World Congress of the International Rehabilitation Medicine Association (1997) held in Kyoto and the New Millennium Asian Symposium on Rehabilitation Medicine (2001) held in Tokyo, JARM is strongly aware of the importance of international collaboration and is committed to a number of activities organized by the International Society of Physical and Rehabilitation Medicine. Furthermore, JARM offers a “Traveling Fellowship Program for Foreign Physicians” to promote international exchange and further collaboration with overseas physicians whose specialty is in rehabilitation medicine. In addition, JARM will publish an online, open-access international journal in a couple of years.

One of the most important tools for international collaboration is the International Classification of Functioning, Disability and Health (ICF) [2]. JARM aims to promote clinical usage of ICF and incorporate it in medical education.

Finally, because the Paralympic Games will be held in Tokyo in 2020, JARM will play an important role in the development and promotion of disabled sports (adapted sports) through research on physical functioning of the

disabled and advancement of biomedical engineering related to rehabilitation medicine. Members of JARM are committed to disabled sports, which will contribute to international collaboration not only in disabled sports but also in worldwide dissemination of the philosophy of rehabilitation medicine.

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