Examining the use of the terms “reeducation”, “re-adaptation” and their relevance in PRM

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The question is about the words we used to explain what PRM is. Like the common sense we speak about “rééducation” or “réadaptation” but these two words are not relevant as meta-terms.

The specific aims are to:
- describe with a lexicological approach the semantic meaning of these words;
- encourage clinicians to propose a terminological approach;
- identify specific semiotic in PRM;
- synthesize anatomy and pathology literature for PRM.

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Rehabilitation: From concepts to good use in PRM

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The conceptual content of the terms rééducation and réadaptation, despite their use so natural in France, is characterized by chronic semantic instability. Both activities are defined by their purpose and maintain close relations in the function attributed to them by professionals in the health care system. Three relations are possible:
- the identity where réadaptation is confused with the English meaning of rehabilitation;
- differentiation of the concepts that respond to different objectives;
- the inclusion of re-education in the broader scope of rehabilitation.

Two ideas are emerging professional texts in a different sense of the notion of function in medicine: the first distinguishes functional re-education, which aims to recover lost functions temporarily, and functional rehabilitation, which aims to substitute if necessary for other functions. The result is a segmented view of the activity that generates the representation of a third family of activities: réinsertion, which is the share of the full reintegration in French “3R’s”. Systemic risk is the occupational segregation, institutional and artificial segmentation of clinical actions yet inseparable in a series of technical procedures. The integrative concept of rehabilitation disappears in legislation and regulations, confining it to SSR in which functional re-education is no more formally structured. The second develops functional re-education as included in a broader rehabilitation process, involving social interventions, and now international consistency desired by the WHO. It maintains the distinction of rehabilitation actions aiming at the restoration of function, by considering a more generic as the displacement function when walking must be abandoned. It deploys rehabilitation in an integrated continuum of care, closely entangled with the prevention, curative care and social support of disability.
