

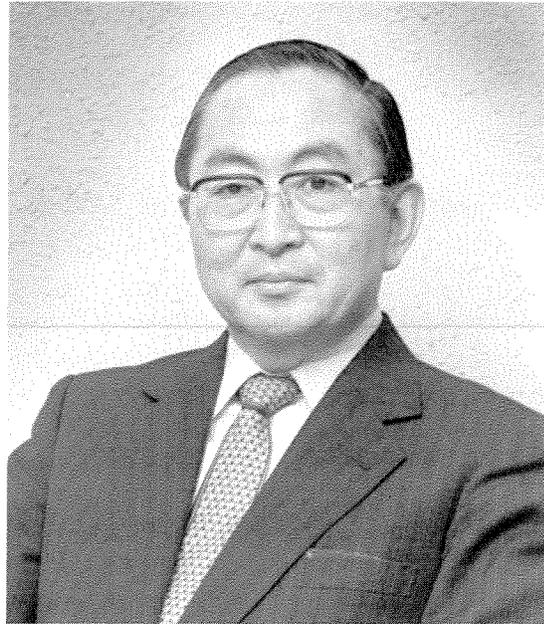
### Rehabilitation Research and Development in Japan

The origin of rehabilitation in Japan can be traced to the early 1930s, when Dr. Kenji Takagi, then Professor of Orthopedic Surgery at the University of Tokyo, urged the medical profession and society in general to support the work of restoring independence to physically handicapped children. Dr. Takagi coined a new word, "Ryo-iku," taking the first part (ryo) from a Japanese word meaning medical treatment, and the second part (iku) from another Japanese word meaning education (general and vocational). Thus, Dr. Takagi's vision of Ryo-iku (treatment-education) closely resembled the present-day concept of rehabilitation as being a comprehensive effort to restore disabled people to their fullest possible independence.

World War II dealt a hard blow to Dr. Takagi's humanitarian endeavors, but they flourished anew in the post-war period. The experience of rehabilitating war-time veterans with amputations or spinal cord injury paved the way to the development of rehabilitation techniques for disabled young adults.

A new wave of rehabilitation for the geriatric population occurred during the early 1960s and has continued to develop in keeping with the increase of an aging Japanese population. Thus, it is interesting to note that the emphasis of rehabilitation in Japan has shifted historically from children to young adults to the elderly.

The Japanese Association of Rehabilitation Medicine was founded in 1963 and now has a membership of more than 4,000 physicians. Its annual congress offers special lectures, symposia, panels, and seminars and generates more than 300 scientific papers. Stroke rehabilitation is the favorite topic at the annual congress, followed by spinal cord injury, amputation, rheumatic diseases, and rehabilitation engineering. In the 80 medical schools in Japan, there are seven fully qualified departments of rehabilitation medicine, ten clinical departments, and



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more than 40 central rehabilitation services. Research is being done in these medical schools, in large rehabilitation centers sponsored by either national or prefectural governments, in research institutes, and other facilities.

Rehabilitation medicine in Japan, having come of age, has much to contribute to the body of knowledge and experience in the world community of men and women working together for the advancement of rehabilitation technology. Our task now is to break through the communication/information gap that is mainly due to language barriers.

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