THE FUTURE OF REHABILITATION MEDICINE – PRECISION REHABILITATION: PSYCHOSOCIAL AND ENVIRONMENTAL FACTORS

Jorge Lains

Centro Medicina Reabilitação Região Centro - Rovisco Pais;
Faculdade Medicina, Universidade Coimbra,, Portugal
jorgelains@sapo.pt

In the context of precision rehabilitation, the integration of psychosocial and environmental factors is essential to achieving individualized and functional outcomes in PRM. Jorge Laíns emphasizes that successful rehabilitation extends beyond biological impairments—it must encompass the patient's social roles, emotional context, and environmental supports or barriers. This holistic approach aligns with the International Classification of Functioning, Disability and Health (ICF), promoting a biopsychosocial model that reflects real-life challenges and aspirations (World Health Organization, 2001; Wade, 2015). By systematically incorporating psychosocial variables such as motivation, family dynamics, economic status, and mental health conditions, clinicians can better tailor rehabilitation programs. Environmental elements—access to healthcare services, assistive technologies, and architectural barriers—must also be assessed to foster optimal participation and autonomy (Perenboom & Chorus, 2003). Importantly, acknowledging these factors enhances not only treatment adherence but also long-term outcomes (Stucki & Bickenbach, 2017). Laíns calls for rehabilitation plans to be dynamic, evolving with the patient's context, and co-designed with multidisciplinary teams. Emerging tools such as patient-reported outcome measures (PROMs) and ecological assessments enable more accurate, functional goal-setting (Wade, 2015). These developments pave the way for a precision model that is both evidence-based and context-sensitive. Ultimately, incorporating psychosocial and environmental dimensions allows PRM to remain a humanistic and inclusive specialty, reinforcing its role in personalized, sustainable healthcare systems (Stucki & Bickenbach, 2017). Key references: World Health Organization. (2001). International Classification of Functioning, Disability and Health (ICF). Wade DT. (2015). Rehabilitation – a new approach. Part four: a new paradigm, and its implications. Clin Rehabil, 29(12):1145–1154. Stucki G, Bickenbach J. (2017). Functioning: the third health indicator in the health system and the key indicator for rehabilitation. Eur J Phys Rehabil Med, 53(1):134–138. Perenboom RJ, Chorus AM. (2003). Measuring participation according to the International Classification of Functioning, Disability and Health (ICF) Disabil Rehabil. Jun 3-17;25(11-12):577-87.

Keywords: Precision Medicine; Rehabilitation future; Biopsychosocial model