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The State of Rehabilitation Medicine in Taiwan

Topic: National Policy and Law

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BACKGROUND

Rehabilitation medicine in Taiwan started in the late 1950s and has evolved into a dynamic specialty. With Taiwan on course to become a "super-aged society" by 2025, with > 20% of the population 65 and older, the demand for Physical Rehabilitation Medicine (PRM) is projected to rise. This literature review examines the current state of PRM in Taiwan, highlighting challenges faced by physiatrists, and identifying opportunities for improvement in line with Rehabilitation 2030.

METHODS

This is a descriptive study design utilizing the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) as a guideline to examine PubMed and Google Scholar articles. The search included the terms "Physical Medicine and Rehabilitation (PM&R)" and "Taiwan." Interviews with an expert panel of physiatrists were also obtained to discuss scope of practice and access to care.

RESULTS

Our research revealed that as of March 2020, Taiwan has 1140 physiatrists, with 3.15 physiatrists per 10,000 elderly individuals (aged ≥ 65 years). There are 33 PM&R residency programs that annually accept 39 residents as of 2025. Exposure to rehabilitation starts in medical school with required courses; and a professional society (Taiwan Academy of Physical Medicine and Rehabilitation - TAPMR) exists for continued clinical skill development and research publication.

However, there are still disparities in access and delivery of care. Rural areas face challenges with fewer physiatrists and facilities, limited access to services, and longer traveling distances. In addition, while Taiwan's National Health Insurance (NHI) covers inpatient and outpatient rehabilitative care, they implemented a fixed budget system and cover a maximum of 12 weeks for cerebrovascular disease, posing challenges as patient recovery times vary. Moreover, while outpatient rehab services are directly accessible, inpatient rehab is primarily consulted by neurosurgery, orthopedics and neurology.

CONCLUSION

Since its origin in the 1950s, PM&R in Taiwan has advanced significantly. However, disparities in access between urban and rural areas, along with financial and policy limitations, continue to pose challenges. Addressing these issues will be crucial as the demand for rehabilitation services increases.

Statement of Disclosures

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