

THE START OF SCANDINAVIAN JOURNAL OF REHABILITATION MEDICINE: WITH ASPECTS ON THE CONTENT OF THE FIRST FOUR VOLUMES AND ITS DEVELOPMENT

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The decision to set up the *Scandinavian Journal of Rehabilitation Medicine* (SJRM) was taken in 1967 at the 2nd Scandinavian Congress on Medical Rehabilitation, in Stockholm. The journal was proposed by Professor Olle Höök who the previous year had been appointed as the first Swedish Professor of Rehabilitation Medicine in Göteborg, after having been a neurologist in Stockholm and there started the first spinal cord unit in Sweden.

The motivation to set up a Scandinavian journal, explained in the introductory notes (1), was based on the many similarities in social and economic development in the Scandinavian countries. At that time rehabilitation had been established in the Scandinavian countries, although with different names and profiles. An Editorial Board was chosen, consisting of 9 members, all from the 5 Scandinavian countries (Denmark, Finland, Iceland, Norway and Sweden). There were 2 Assistant Editors: Lars-Göran Ottosson and Harald Sanne, both from Sweden.

In a paper on Medical Rehabilitation in the first issue in 1969 (2), Olle Höök defined the goal of rehabilitation as: to restore patients to physical and mental health so far as possible, and to assist them to regain their optimal activity and readjust themselves to their environment. He explained the prerequisites for creation of a good medical rehabilitation service (as it was called at that time). He also highlighted the need for a further increase in rehabilitation staff, with increased training of occupational therapists and physiotherapists.

The current paper presents a general overview of the content of the first 4 volumes of SJRM in comparison with the most recent 2 volumes of its successor, the *Journal of Rehabilitation Medicine* (JRM). A description of the longer-term development of JRM, in particular, is given in my presentation at the 50th anniversary of SJRM-JRM (3).

CONTENT OF THE FIRST FOUR VOLUMES

The first issue of SJRM published articles from the 2nd Scandinavian Congress on Medical Rehabilitation. The congress had 2 main themes: “Physical training of the disabled” and “Medical aspects of assessment of working ability”. Articles by Bäcklund & Nordgren, on physical work capacity and muscular strength in

patients undergoing rehabilitation (4), and by Grimby, Häggendal & Sanne (5), on physical work capacity using bicycle tests at a vocational assessment unit, demonstrated information from the use of such measurements. Early collaborations with clinical physiology and clinical neurophysiology are illustrated in several papers in the first 4 volumes.

The use of physical training before gallstone operation was reported by Adolfsson (6), who showed that, from a general clinical viewpoint, patients who performed pre-operative exercise were less affected by the surgical trauma and had a shorter convalescence than a control group. This approach was rather new at that time, at least in Scandinavia.

A follow-up of subjects’ vocational work capacity after 10 years was reported for the period 1957–1959 from the National Institute for the Assessment of Work Capacity of the Handicapped by Cronholm, Hådel & Lundgren (7). The prognostic evaluation at admission appeared to be mainly correct. Attitudes hampering rehabilitation were more common among those with low income, and a slow working pace during the period of vocational assessment appeared to be an unfavourable prognostic factor.

The first issue also published 2 articles on muscle vibrator therapy (8, 9). An international calendar of forthcoming congresses, conferences and symposia published in the first issue has become a constant feature of the journal to date.

Issues 2–3 of the second volume of SJRM included articles from the third scientific meeting of the Council in Rehabilitation of the International Society of Cardiology held 1970 in Cambridge, UK (10). The theme of that meeting, “Psychological Aspects of Cardiac Rehabilitation”, revealed a range of rehabilitation problems that involved psychological factors. It is interesting to note that rehabilitation medicine was active in initiating cardiac rehabilitation programmes in Sweden at that time, as well as in other Scandinavian countries. Although not specifically involved in cardiology, Olle Höök considered cardiac rehabilitation an important part of medical rehabilitation, and favoured e.g. the appointment of a consultant with that particular responsibility at the hospital department in Göteborg.

In issues 1–2 of the third volume of SJRM, from 1971, a special section was devoted to physical training and its physiological background, as well as its use in

different patient groups. During this period the use of physical exercise and training was being introduced as a treatment tool in various fields of medicine. This was also in line with Olle Höök's professional and private interest in physical exercise. A review of these articles will be presented in a subsequent paper (11). Finally, the third volume also presented articles from the doctoral thesis of Axel Fugl-Meyer (12), the first person to receive a doctorate from the Department of Medical Rehabilitation in Göteborg. These articles will also be reviewed a subsequent paper in the present issue (11).

In the fourth volume, from 1972, issues 1–3 published articles from an International symposium on head injury held in Göteborg, Sweden in 1971 (13). That symposium was organized by World Federation of Neurology's Problem Commission of Physical Medicine and Rehabilitation, and chaired by Olle Höök. In issue 4 Professor A. E. Walker from Johns Hopkins University School of Medicine published a summary and conclusions from the symposium (14).

FROM A SCANDINAVIAN TO AN INTERNATIONAL JOURNAL

The proportion of contributions from different countries and regions of the world have changed markedly since the first volumes of the journal to the present day (Table I). Initially, there was a predominance of articles from Scandinavian countries, especially Sweden; although the USA was also relatively well represented. This may, to a large extent, have depended on Olle Höök's contacts and the various congresses and symposia invited to publish articles.

Table I. Country of origin of first authors in the first 4 volumes (1969–1972) of *Scandinavian Journal of Rehabilitation Medicine* (8 most common countries) and the 2 most recent volumes (2017–2018) of *Journal of Rehabilitation Medicine* (11 most common countries)

Country of origin of first authors	%
1969–1972	
Sweden	57
USA	12
Denmark	6
Finland	5
Germany	3
UK	3
Israel	2
Japan	2
2017–2018	
Sweden	16
The Netherlands	14
China	8
Australia	7
USA	7
Canada	5
Germany	4
Denmark	4
Japan	4
Switzerland	3
South Korea	3

Table I presents a comparison of the most common countries of origin for the first authors of articles in the initial 4 issues of SJRM and the most recent 2 issues of JRM. Whereas Sweden was the home country for 57% of first authors in 1969–1972, the corresponding percentage was 16% in the most recent volumes in 2017–2018. In the first 4 volumes Sweden, USA, Denmark and Finland were the most common countries of origin, whereas Sweden was still the most common in 2017–2018, but at a much lower rate, followed by the Netherlands, China, Australia and the USA, demonstrating that there is now a worldwide contribution of articles to the journal.

DISTRIBUTION OF TOPICS OVER TIME

The topics covered by the articles in the first 4 volumes of SJRM have some similarities with those in the most recent 2 volumes, but also some notable differences (Table II). Although articles related to neurological conditions were common at both times, articles on stroke rehabilitation were less common in the early volumes than at present. On the other hand, in the early volumes, articles on cardiac rehabilitation occurred more often than in the recent volumes. In addition to the potential change in interest in rehabilitation medicine research at different time-points, the reasons for these differences may be the higher proportion of international contributions to JRM than to SJRM, the recruitment of articles on specific topics from various congresses, and specific theme issues. Articles with more general content, on rehabilitation issues and methodology, were more common in the first 4 volumes of SJRM than in the most recent 2 volumes of JRM.

OVERVIEW OF CONTENT

A general impression is that the first 4 volumes of SJRM, published in 1969–1972, were characterized to a large extent by articles from scientific meetings and

Table II. Percentage distribution of topics for articles in the first 4 volumes (1969–1972) of the *Scandinavian Journal of Rehabilitation Medicine* and the most recent 2 volumes (2017–2018) of the *Journal of Rehabilitation Medicine*

Article topics	1969–1972	2017–2018
Stroke	6	25
Other brain injuries	24	16
Spinal cord lesions	11	10
Neuromuscular diseases	2	6
Musculoskeletal conditions	16	22
Cardiac diseases	11	2
Other conditions, methodological and "general" articles	31	20

Articles from a symposium on cardiac rehabilitation were published in 1970 and from a symposium on head injuries in 1972. A special issue on scaling up rehabilitation as a worldwide health strategy in the 21st century, published in 2018, contributed a number of "general" articles during 2017–2018.

symposia, on topics such as cardiac rehabilitation and rehabilitation after head injury, or collected articles on a special theme, such as physical exercise and training. This was probably, to a large extent, based on the contacts of the Editor, Olle Höök, and his interest in these areas. It is not easy to start a new scientific journal, and these efforts no doubt had a valuable impact on the first issues of the journal. The other published articles were predominantly by Swedish authors, for example those concerning physical training and respiratory problems after spinal cord injury.

It is notable that articles on stroke were not as common in the first years of SJRM as in recent issues of JRM. However, other types of brain injury were already a common topic in the first issues, due to the publication of articles from a symposium on rehabilitation after head injury. Articles on cardiac rehabilitation were more common in the early issues than in recent issues. Articles on general rehabilitation and organizational topics were also more common during the early years of the journal.

REFERENCES

1. Scandinavian Journal of Rehabilitation Medicine. A new Scandinavian journal of medicine. *Scand J Rehabil Med* 1969; 1: 1–3.
2. Höök O. Medical rehabilitation. *Scand J Rehabil Med* 1969; 1: 4–6.
3. Grimby G. Historic perspectives on the development of physical and rehabilitation medicine and *Journal of Rehabilitation Medicine*. *J Rehabil Med* 2020; 52: in press.
4. Bäcklund L, Nordgren B: Physical work capacity and muscular strength in patients undergoing rehabilitation. *Scand J Rehabil Med* 1969; 1: 7–10.
5. Grimby G, Häggendal, E, Sanne H. An ergometric study at a vocational assessment unit. *Scand J Rehabil Med* 1969; 1: 11–13.
6. Adolfsen G. Rehabilitation and convalescence after surgery. *Scand J Rehabil Med* 1969; 1: 14–15.
7. Cronholm B, Håddell G, Lundgren K-D. The prognostic value of vocational assessment. *Scand J Rehabil Med* 1969; 1: 20–25.
8. Hagbarth K-E, Eklund G. The muscle vibrator – a useful tool in neurological therapeutic work. *Scand J Rehabil Med* 1969; 1: 26–34.
9. Eklund G, Steen M. Muscle vibration therapy in children with cerebral palsy. *Scand J Rehabil Med* 1969; 1: 35–37.
10. Fisher S. Letter to the Editor. *Scand J Rehabil Med* 1970; 2: 47.
11. Grimby G. Overview of articles in early volumes of SJRM. *J Rehabil Med* 2020; 52 in press.
12. Fugl-Meyer AR. On the ventilatory function in spinal cord transection. Thesis. Gothenburg: University of Gothenburg; 1972.
13. The Editor. International symposium on rehabilitation in head injury, Göteborg 1971. *Scand J Rehabil Med* 1972; 4: 1.
14. Walker AE. Summary for the international symposium on rehabilitation in head injury. *Scand J Rehabil Med* 1972; 4: 154–156.