EDITORIAL

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ABSTRACT
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of a disciplinary field does not, by itself, settle the legal boundaries of practice; nor does a profession's location within healthcare exhaust the scientific contribution it can make. A productive debate requires these distinctions to remain explicit.

The comparison with Eastern European and Balkan traditions broadens the discussion. The example of the University of Sports of Tirana invites reflection on academic arrangements that bring movement sciences and rehabilitation into closer institutional proximity. Such arrangements suggest that the relationship between education, exercise and functional recovery can be organised in different ways. They should be examined through detailed comparisons of curricula, practical training and professional responsibilities, avoiding the assumption that a shared vocabulary establishes equivalence between qualifications. Theories of motor coordination and adaptive behaviour remain useful intellectual resources for this inquiry (Bernstein, 1967; Anokhin, 1974).

For public policy, the central issue is whether systems promoting structured physical exercise recognise the competencies needed to design and deliver it. The recognition of the AMPA kinesiologist within interdisciplinary exercise provision deserves particular attention. Decisions affecting exercise provision should involve the relevant scientific and professional communities and clarify responsibilities across the pathway. Collaboration becomes credible when assessment, referral, programme design and monitoring are connected through transparent procedures, with due regard for the applicable regulatory framework and the circumstances of each person.

This Special Issue calls for comparative research on professional education, collaboration and outcomes meaningful to individuals and communities. University programmes should connect methodological knowledge, practical competence and interdisciplinary communication. Policymakers should recognise preventive and adapted physical activity within opportunities for participation. The relationship between physiotherapy and kinesiology is ultimately tested in the continuity of those opportunities: to recover function, sustain activity and develop autonomy. Professional identity acquires its strongest justification when it enables that shared responsibility.

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