ISPRM Assembly of Delegates Meetings 2011
San Juan, Puerto Rico

AGENDA & BOOK OF REPORTS

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PRACTICAL ISSUES

May we also take your attention towards a smooth run of the meetings by taking into account the following structure:

Before the Assembly of Delegates (AD) meeting starts, all AD members have to present themselves at the ISPRM booth where you can register with Martine (well known to everybody). As during all previous AD meetings, Martine is present the whole time of the congress at the ISPRM desk. She will also have a desk outside the AD meeting room where she will be present one hour prior to the start of the meeting but please do not wait until the latest moment to contact her

- Martine will check with you your membership status (if not OK you are kindly requested to pay on-site as otherwise you will not have voting rights and will therefore NOT receive the necessary voting documents (you participate as an observer only).
- You will have to sign the list of attendance at her desk.
- Martine will hand you over the voting documents for motions etc. during the BOG meeting. This document has a green and a red side that you hand up for making your vote. This document has to be kept for the two BOG meetings. No spare copies will be provided. So please do not forget to take the document with you after the first BOG meeting.

NOTE: There will be NO printed version of the Book of Reports available. However the book is published on our website (members only section) where it can be downloaded (for ISPRM members in good standing only).

Motions:
We kindly request that authors of reports wanting to put motions, send these motions also in advance so that they can still be included in the Book of Reports for discussion.

Some practical arrangements:
- Note that only members in good standing will receive the voting documents. If you are not sure about your membership status, please contact me beforehand so that you still can arrange individual or national society payment in advance
- All reports should be in the Book of Reports. Any late reports will not be distributed. Please send all missing reports ASAP to the Central Office.
- We kindly request that the comments on the reports should be limited so that we do not loose precious time in reading what is already in the report. Additional comments can be presented verbally and are limited to 2 minutes max.
- As our Executive Director is extremely busy during the AD meetings, please direct all request with regard to membership status etc. to Martine who is at her desk outside the meeting room.

Taking the above in consideration we look forward having a very smooth run of our AD meetings

Kind regards,

Werner Van Cleemputte
Executive Director
International Society of Physical and Rehabilitation Medicine (ISPRM)
Kloosterstraat 5, B-9960 Assenede, Belgium
Phone +32 (0)9 344 39 59 and +32 (0)9 218 85 85 (direct line) - Fax +32 (0)9 344 40 10
Email: werner@medicongress.com
# ISPRM Meetings Taking Place During the 2011 ISPRM World Congress

ISPRM secretarial office: Room 206 at the Convention Center

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Time</th>
<th>Meeting</th>
<th>Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAT 11/06</td>
<td>ISPRM Committee Meetings;</td>
<td>10.00 – 12.00 hrs.</td>
<td>ISPRM Secretarial Meeting</td>
<td>Caribe Hilton</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10.00 – 12.00 hrs.</td>
<td>ISPRM Int. Exchange Experts Committee</td>
<td>Room 208 A</td>
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<tr>
<td></td>
<td></td>
<td>10.00 – 12.00 hrs.</td>
<td>ISPRM Bylaws Committee</td>
<td>Room 208 B</td>
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<tr>
<td></td>
<td></td>
<td>10.00 – 12.00 hrs.</td>
<td>ISPRM Organisational Structure Task Force</td>
<td>Room 208 C</td>
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<tr>
<td></td>
<td></td>
<td>14.00 – 16.00 hrs.</td>
<td>ISPRM Audit and Finance Committee</td>
<td>Room 208 A</td>
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<tr>
<td></td>
<td></td>
<td>14.00 – 16.00 hrs.</td>
<td>ISPRM Congress Committee:</td>
<td>Room 208 B</td>
</tr>
<tr>
<td></td>
<td></td>
<td>14.00 – 16.00 hrs.</td>
<td>ISPRM Membership Committee</td>
<td>Room 208 C</td>
</tr>
<tr>
<td></td>
<td></td>
<td>14.00 – 16.00 hrs.</td>
<td>ISPRM Educational Committee</td>
<td>Room 209 A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>16.00 – 18.00 hrs.</td>
<td>ISPRM Publications Committee</td>
<td>Room 208 A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18.00 hrs 16.00 – 18.00 hrs</td>
<td>ISPRM Research Task Force</td>
<td>Room 208 B</td>
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<tr>
<td></td>
<td></td>
<td>19.00 hrs</td>
<td>President’s Cabinet Meeting and Dinner (on invitation only)</td>
<td>Caribe Hilton</td>
</tr>
<tr>
<td>SUN 12/06</td>
<td>ISPRM Executive Committee</td>
<td>09.00-12.00 hrs.</td>
<td>ISPRM Executive Committee Meeting; (on invitation only)</td>
<td>Chrysler Conf R 1st Conv Ctr</td>
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<tr>
<td></td>
<td></td>
<td>14.00 – 17.30 hrs.</td>
<td>ISPRM Assembly of Delegates Meeting Part 1,</td>
<td>Room 101 ABC</td>
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<tr>
<td>MON 13/06</td>
<td>ISPRM Task Force Meetings</td>
<td>09.00 – 11.00 hrs.</td>
<td>ISPRM Task Force Meetings</td>
<td>Room 102</td>
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<td></td>
<td>1st congress day</td>
<td>09.00 – 11.00 hrs.</td>
<td>• ISPRM Task Force-International PRM Societies</td>
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<td>1st congress day</td>
<td>09.00 – 11.00 hrs.</td>
<td>• ISPRM Task Force WHO Women and Health</td>
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<td>ISPRM WHO Plenary session</td>
<td>11.00 – 13.00 hrs.</td>
<td>• ISPRM Research Task Force</td>
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<td>ISPRM Rehabilitation Disaster Relief Symposium</td>
<td>13.00 – 17.30 hrs.</td>
<td>ISPRM WHO scientific session (2 hours)</td>
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<tr>
<td></td>
<td></td>
<td>16.00 – 18.00 hrs.</td>
<td>ISPRM Disaster Relief Symposium (half day)</td>
<td>Chrysler Conf R 1st Conv Ctr</td>
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<td></td>
<td></td>
<td>19.00 hrs</td>
<td>Puerto Rico Night at the Convention Centre</td>
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<td>TUE 14/06</td>
<td>2nd congress day</td>
<td>09.00 – 10.30 hrs.</td>
<td>Plenary: Opening WHO Liaison Committee</td>
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<td>2nd congress day</td>
<td>11.00 - 16.00 hrs.</td>
<td>WHO Subcommittee Meetings</td>
<td>Chrysler Room</td>
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<td>ISPRM WHO Committee and Subcommittees Meetings</td>
<td>16.15 - 18.00 hrs.</td>
<td>• Disaster Relief</td>
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<td>15.30 – 17.30 hrs.</td>
<td>• International Relations and Implementation of UN Convention</td>
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<td>20.00 hrs</td>
<td>• Implementation of World Report and IPSCI</td>
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<tr>
<td></td>
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<td>• Strengthening Medical Rehabilitation in WHO</td>
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<td></td>
<td></td>
<td>• Implementation of ICF</td>
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<td></td>
<td>Plenary: Reports from Subcommittees and closing of WHO Liaison</td>
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<td></td>
<td>Committee session</td>
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<tr>
<td>WED 15/06</td>
<td>3rd congress day</td>
<td>13.30 – 17.30 hrs.</td>
<td>ISPRM Assembly of Delegates Meeting Part II</td>
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<td>Educational Committee</td>
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<td>Presidential Dinner</td>
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<td>THU 16/06</td>
<td>Last congress day (half day)</td>
<td>Afternoon</td>
<td>ISPRM President’s Cabinet retreat</td>
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<td>FRI 17/06</td>
<td>ISPRM Retreat</td>
<td>Whole day</td>
<td>ISPRM President’s Cabinet retreat</td>
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<td>SAT 18/06</td>
<td>ISPRM Retreat</td>
<td>Morning</td>
<td>ISPRM President’s Cabinet retreat</td>
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<tr>
<td></td>
<td></td>
<td>Afternoon</td>
<td>Department of participants</td>
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ISPRM ASSEMBLY
OF DELEGATES
2010 – 2012

Elected during the Meeting
in 2010 in Limassol
## ISPRM BOARD 2010-2012

### PRESIDENT'S CABINET

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>Gerold Stacki</td>
<td><a href="mailto:gerold.stacki@paranel.ch">gerold.stacki@paranel.ch</a>, <a href="mailto:anne.frischmann@paranel.ch">anne.frischmann@paranel.ch</a></td>
</tr>
<tr>
<td>Past President</td>
<td>Joel Delisa</td>
<td><a href="mailto:delisa@brunel.ac.uk">delisa@brunel.ac.uk</a></td>
</tr>
<tr>
<td>President-Elect</td>
<td>Maria Imamura</td>
<td><a href="mailto:maria@iefm.org.br">maria@iefm.org.br</a>, <a href="mailto:maria.imamura@gmail.com">maria.imamura@gmail.com</a></td>
</tr>
<tr>
<td>Vice President</td>
<td>Jianan Li</td>
<td><a href="mailto:lij@rui.ac.cn">lij@rui.ac.cn</a>, <a href="mailto:lij@iefm.org.cn">lij@iefm.org.cn</a></td>
</tr>
<tr>
<td>Secretary</td>
<td>Jorge Lains</td>
<td><a href="mailto:jrglains@ctasiepr.com">jrglains@ctasiepr.com</a></td>
</tr>
<tr>
<td>Treasurer</td>
<td>John Oliver</td>
<td><a href="mailto:johannes.oliver@epworth.org.au">johannes.oliver@epworth.org.au</a></td>
</tr>
</tbody>
</table>

### HONORARY PRESIDENTS & COUNCIL OF PRESIDENTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chang-Il Park</td>
<td><a href="mailto:ciparks@yahoo.co.kr">ciparks@yahoo.co.kr</a></td>
</tr>
<tr>
<td>Lina Maria Bellafesta</td>
<td><a href="mailto:fasiehia@usp.br">fasiehia@usp.br</a>, <a href="mailto:lina@usp.br">lina@usp.br</a>, <a href="mailto:fasiehia@hcnc.usp.br">fasiehia@hcnc.usp.br</a></td>
</tr>
<tr>
<td>John Makin</td>
<td><a href="mailto:john.makin@usfiaf.org">john.makin@usfiaf.org</a></td>
</tr>
</tbody>
</table>

### EXECUTIVE COMMITTEE

#### Regional Vice Presidents

<table>
<thead>
<tr>
<th>Region</th>
<th>Name</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Europe</td>
<td>Alessandro Giustini</td>
<td><a href="mailto:alessandro.giustini@itc.it">alessandro.giustini@itc.it</a></td>
</tr>
<tr>
<td>Latin America</td>
<td>Juan Manuel Guzman Gonzalez</td>
<td><a href="mailto:jmguzman50@oqdoig.net.mx">jmguzman50@oqdoig.net.mx</a>, <a href="mailto:jmguzman50@yahoo.com.mx">jmguzman50@yahoo.com.mx</a></td>
</tr>
<tr>
<td>Africa &amp; Middle East</td>
<td>Maher Saad Al Jadid</td>
<td><a href="mailto:msaad@yahoo.com">msaad@yahoo.com</a></td>
</tr>
<tr>
<td>Asia &amp; Oceania</td>
<td>Simon Fuk-Tan Tang</td>
<td><a href="mailto:flxen@adiff.com.co.th">flxen@adiff.com.co.th</a></td>
</tr>
<tr>
<td>North America</td>
<td>Walter frontiero</td>
<td><a href="mailto:walter.frontiero@qgrp.edu">walter.frontiero@qgrp.edu</a></td>
</tr>
</tbody>
</table>

### Representatives of the Members

#### Active Individual Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark Young</td>
<td><a href="mailto:mark.young@bhu.edu">mark.young@bhu.edu</a></td>
</tr>
<tr>
<td>Maria Amparo Martinez Assucena</td>
<td><a href="mailto:maria.amparo091@gmail.com">maria.amparo091@gmail.com</a></td>
</tr>
</tbody>
</table>

#### Active National Societies Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dong young kim</td>
<td><a href="mailto:saktiyakim882@gmail.com">saktiyakim882@gmail.com</a></td>
</tr>
<tr>
<td>Leonard SW Li</td>
<td><a href="mailto:lsw@icu.ac.hku.hk">lsw@icu.ac.hku.hk</a></td>
</tr>
</tbody>
</table>

### Assistants

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant Secretary</td>
<td>Marco Franceschini</td>
<td><a href="mailto:marco.franceschini@paraniel.ch">marco.franceschini@paraniel.ch</a></td>
</tr>
<tr>
<td>Assistant Treasurer</td>
<td>Nachum Soniker</td>
<td><a href="mailto:nachum@limitation.net">nachum@limitation.net</a></td>
</tr>
</tbody>
</table>

### Representatives of the ISPRM World Congresses

#### 2011 - Puerto Rico

<table>
<thead>
<tr>
<th>Name</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veronica Rodriguez de la Cruz</td>
<td><a href="mailto:veronica@brainlink.net">veronica@brainlink.net</a>, <a href="mailto:nicrol@gmail.com">nicrol@gmail.com</a></td>
</tr>
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</table>

#### 2013 - China

<table>
<thead>
<tr>
<th>Name</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jianan Li</td>
<td><a href="mailto:lij@rui.ac.cn">lij@rui.ac.cn</a>, <a href="mailto:lij@paranel.org.cn">lij@paranel.org.cn</a></td>
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#### 2014 - Cancun, Mexico

<table>
<thead>
<tr>
<th>Name</th>
<th>Email Address</th>
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<tbody>
<tr>
<td>Juan Manuel Guzman Gonzalez</td>
<td><a href="mailto:jmguzman50@oqdoig.net.mx">jmguzman50@oqdoig.net.mx</a>, <a href="mailto:jmguzman50@yahoo.com.mx">jmguzman50@yahoo.com.mx</a></td>
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#### 2015 - Berlin

<table>
<thead>
<tr>
<th>Name</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christopher Gutenbrunner &amp; Veronica Friedl</td>
<td><a href="mailto:gutenbrunner.christopher@bth-hannover.de">gutenbrunner.christopher@bth-hannover.de</a>, <a href="mailto:veronica.friedl@bth-hannover.de">veronica.friedl@bth-hannover.de</a></td>
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### Executive Director

<table>
<thead>
<tr>
<th>Name</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Werner Van Cleempyte</td>
<td><a href="mailto:werner@medcongress.com">werner@medcongress.com</a></td>
</tr>
</tbody>
</table>
Members Representing Active Individual Members

<table>
<thead>
<tr>
<th>Country</th>
<th>Society Representative</th>
<th>Email Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argentina</td>
<td>Myrtha Villa</td>
<td><a href="mailto:myrtha@fiatias.com.ar">myrtha@fiatias.com.ar</a></td>
</tr>
<tr>
<td>Australia</td>
<td>Andrew Colls</td>
<td><a href="mailto:a.colls@unimelb.edu.au">a.colls@unimelb.edu.au</a></td>
</tr>
<tr>
<td>Austria</td>
<td>Wilfried Kienzle</td>
<td><a href="mailto:w.kienzle@univie.ac.at">w.kienzle@univie.ac.at</a></td>
</tr>
<tr>
<td>Bangladesh</td>
<td>Md. Mustafiz Rahman</td>
<td><a href="mailto:mustafiz@iit.edu">mustafiz@iit.edu</a></td>
</tr>
<tr>
<td>Belgium</td>
<td>Thierry Legagneur</td>
<td><a href="mailto:thierry.legagneur@ulg.ac.be">thierry.legagneur@ulg.ac.be</a></td>
</tr>
<tr>
<td>Brazil</td>
<td>Claudia Ferreira</td>
<td><a href="mailto:cferreira@fie.elet.ufrj.br">cferreira@fie.elet.ufrj.br</a></td>
</tr>
<tr>
<td>Canada</td>
<td>Colleen Owen-Smith</td>
<td><a href="mailto:colleen.owen-smith@ubc.ca">colleen.owen-smith@ubc.ca</a></td>
</tr>
<tr>
<td>China</td>
<td>Xue Li</td>
<td><a href="mailto:xue@buaa.edu.cn">xue@buaa.edu.cn</a></td>
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<tr>
<td>China</td>
<td>Zong Yi Wu</td>
<td><a href="mailto:zongyi.wu@buaa.edu.cn">zongyi.wu@buaa.edu.cn</a></td>
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<td>China</td>
<td>Carl W. Chen</td>
<td><a href="mailto:carlchen@buaa.edu.cn">carlchen@buaa.edu.cn</a></td>
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<tr>
<td>Colombia</td>
<td>Jorge Eduardo Gutierrez</td>
<td><a href="mailto:gutierrezjorge@gmail.com">gutierrezjorge@gmail.com</a></td>
</tr>
<tr>
<td>Cyprus</td>
<td>Savvas Apostolou</td>
<td><a href="mailto:savvas@emet.athens.gr">savvas@emet.athens.gr</a></td>
</tr>
<tr>
<td>France</td>
<td>Andre Thirion</td>
<td><a href="mailto:andre.thirion@uniges.fr">andre.thirion@uniges.fr</a></td>
</tr>
<tr>
<td>Germany</td>
<td>Christoph Gunther</td>
<td><a href="mailto:christoph.gunther@tu-dortmund.de">christoph.gunther@tu-dortmund.de</a></td>
</tr>
<tr>
<td>Germany</td>
<td>Enthrine Ameneher</td>
<td><a href="mailto:enthrine.ameneher@tudortmund.de">enthrine.ameneher@tudortmund.de</a></td>
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<tr>
<td>Hong Kong</td>
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<td><a href="mailto:hcbig2009@hku.hk">hcbig2009@hku.hk</a></td>
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<td>Iran</td>
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<td><a href="mailto:tonserfaramarz@khu.ac.ir">tonserfaramarz@khu.ac.ir</a></td>
</tr>
<tr>
<td>Israel</td>
<td>Yaakov Livneh</td>
<td><a href="mailto:yaakov.livneh@weizmann.ac.il">yaakov.livneh@weizmann.ac.il</a></td>
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<tr>
<td>Italy</td>
<td>David Fabrizi</td>
<td><a href="mailto:david@unipd.it">david@unipd.it</a></td>
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<tr>
<td>Japan</td>
<td>Masami Aoki</td>
<td><a href="mailto:aoki@u-i.ac.jp">aoki@u-i.ac.jp</a></td>
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<td>Kei Joo Kim</td>
<td><a href="mailto:kei@korea.ac.kr">kei@korea.ac.kr</a></td>
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<tr>
<td>Kuwait</td>
<td>Aabed Al Fdil</td>
<td>abed.alfdil@kust促进了</td>
</tr>
<tr>
<td>Mexico</td>
<td>Eiza Garcia Salazar</td>
<td><a href="mailto:eiza.garciasalazar@gmail.com">eiza.garciasalazar@gmail.com</a></td>
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<td>Poland</td>
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Members Representing Active National Societies Members
# ISPRM Committees

## Chairs of the different ISPRM Committees

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<tr>
<th>Committee</th>
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## Committees

### Audit & Finance
- John Oliver (Chair)
- Nachum Srocker (Chair, Treasurer)
- Walter Fantner (Chair, Publicity)
- Malak Said Al Jaidi (Chair, Memb.)
- Guy Vanderstraeten (Chair, Congress)
- Jorge Lamas (Chair, Sponsor)
- Karen Ai (Treasurer)
- Penny Tan (Secretary)
- Denny Keelin (Secretary)

### Awards
- José Díaz (Chair)
- Chang E Park (Chair)
- Linenere Balfisteria (Chair)
- Veronika Fialova-Moser (Chair)
- John Malvin (Chair)
- Jose Jimenez (Chair)

### By-laws
- John Malvin (Chair)
- Leonard S.W. Li (Vice-Chair)
- Boysen Kjær (Vice-Chair)
- Franco Franchignoni (Vice-Chair)
- Zongyue Wu (Vice-Chair)
- Anthony Ward (Vice-Chair)

### Congress
- Guy Vanderstraeten (Chair)
- Veronika Fialova-Moser (Vice Chair)
- Simon Fung-Tung Tang (Vice Chair)
- Jorge Lamas (Chair)
- Veronika Rodriguez del la Cruz (Chair)

### Educational
- Andrew Cola (Chair)
- Marta Immamura (Vice-Chair)
- Cesare Zuccata (Vice-Chair)
- David Greens (Vice-Chair)
- Aziz Ozturk (Vice-Chair)
- Francesco Franjignoni (Vice-Chair)
- Harry Law (Vice-Chair)
- Seong Young Kang (Vice-Chair)
- Nachum Srocker (Vice-Chair)
- William Mihalis (Vice-Chair)
- Simon Fung-Tung Tang (Vice-Chair)
- Bryan O’Young (Vice-Chair)
- Jean Miozzo (Vice-Chair)
- Torkian Foruzeh (Vice-Chair)

### Int. Education and Development Fund
- Joel Delièse (Chair ex-officio)
- Gerald Sorrell (Chair ex-officio)
- Mario Immamura (Chair ex-officio)
- Jorge Lamas (Chair ex-officio)
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_ Members are to be proposed by chair and vice chair, potential cell for NCEV_

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### WHO

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<tr>
<td>Jan Riesmairt</td>
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#### Disaster Relief

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#### Implementation of UN Convention

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<tr>
<td>Inderjot Singh</td>
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<tr>
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#### Implementation of World Report and ICF

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#### Strengthening Medical Rehabilitation in WHO

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#### Implementation of ICF

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## ISPRM TASK FORCES

### ISPRM ORGANISATIONAL STRUCTURE TASK FORCE

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<thead>
<tr>
<th>Name</th>
<th>Role</th>
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<td>Secretary</td>
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</tbody>
</table>

### ISPRM Task Force—International PRM Societies

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<tr>
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### ISPRM Task Force Who Women and Health

<table>
<thead>
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<th>Name</th>
<th>Chair</th>
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</tr>
</tbody>
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### ISPRM Research Task Force

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<th>Chair</th>
<th>Email</th>
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11
ISPRM Assembly of Delegates Meeting

Sunday, 12 June 2011 at 14.00 hrs
San Juan, Puerto Rico Convention Centre
Room 101 ABC

Introduction
Welcome & last minute information by the President
Approval of the Agenda of this meeting
Approval of Minutes of the Second Assembly, Limassol 2010

Gerold Stucki

Book of Reports
Identification of reports to be discussed according to Assembly
Discussion of identified reports
Approval of the Book of Reports

Jorge Lains

Congresses
Report by the Puerto Rico World Congress
Presentation of the upcoming ISPRM World congresses (Beijing 2013 - Jianan Li, Mexico 2014 - Juan Manuel Guzman Gonzalez, Berlin 2015 - Christoph Gutenbrunner and Veronika Fialka-Moser)
Information about mid term Assembly 2012 held in connection with the ACRM conference in Atlanta (Werner van Cleempitte, William Micheo)
Restructuring of the Congress Committee/Sponsorship Committee
Information on other congresses and societies

Guy Vanderstraeten

Finances
Present situation
Budget 2012

John Olver

Situation of and future with JRM

Walter Frontera

Bylaws issues
Electronic Voting
Registration of the ISPRM
Assembly of Individual Members

John Melvin

Awards

Other Business

End of the Meeting – 17.30 hrs
To be continued, if necessary, on Wednesday, June 15 at 14.00 hrs, same room
At the beginning of the second decade of its existence, the ISPRM is a successfully developing international non-governmental organization in official relation with the World Health Organization (WHO). As the global agency for Physical and Rehabilitation Medicine (PRM), ISPRM serves as the international umbrella organization of PRM physicians. It achieves its goals by pursuing its humanitarian, scientific and professional mandate. It aims to “continuously improve PRM practice and facilitate PRM input in international health organizations with the goal to contribute to optimal functioning and quality of life of persons experiencing disability” [1].

To address the challenges typical for an expanding international NGO (Non-Governmental Organization), in 2008 ISPRM has started an initiative to 1) develop its capacity and to 2) systematically develop its internal and external policy agenda. The initiative to develop ISPRM has been described in detail in a special issue [1] on “Developing ISPRM” published in ISPRM’s official journal, the Journal of Rehabilitation Medicine. The articles of the special issue are open-access and can be downloaded either from the website of the journal (http://jrm.medicaljournals.se/) or from PubMed (http://www.ncbi.nlm.nih.gov/pubmed). The foreword provides a comprehensive overview of the different aspects of the initiative [1]. Chapter 2 outlines “ISPRM’s way forward” [2] and chapter 6 provides an overview of ISPRM’s current internal and external policy agenda [3].

To ensure a transparent and democratic process with regard to a range of proposals, all ISPRM members have received a copy of chapter 2 “ISPRM’s way forward” [2] with the registration at ISPRM’s 2009 Congress held in Istanbul. The proposals were discussed during the Board of Governors meeting held during the congress. They were further discussed in ISPRM’s Structural Reorganization Task Force and the relevant Committees. The respective motions were prepared during a retreat of the President’s Cabinet at Sun Moon Lake, Taiwan, in 2010 hosted by the Asia-Oceania Congress of PRM (AOCPRM), the second congress organized by the Asia-Oceania Society of PRM (AOSPRM). During its 2010 mid-term meeting held in the context of the 8th conference of the Mediterranean Forum of PRM in Limassol, the Board of Governors of ISPRM has approved a range of motions including a number of changes of its by-laws as summarized in Table 1. Most importantly, the Board of Governors has transferred itself into an Assembly of Delegates. The Assembly of Delegates is responsible for strategic decisions, by-laws changes and the election of ISPRM officials.

### Table 1: Motions of the By-Laws Committee passed in the 2009 Board Meeting at a glance

<table>
<thead>
<tr>
<th>Agenda item / strategic goal</th>
<th>Motions</th>
<th>States of ISPRM activity before BOG 2010</th>
<th>Type of mandate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhancement of decision making 1: BOG becomes Assembly of Delegates</td>
<td>1. The ISPRM change the name of the BOG to the Assembly of Delegates. 2. The Assembly of Delegates will be limited to ISPRM strategic issues such as: a. Approving By-Laws b. Selecting sites of world congresses c. Approving strategic plans d. Approving collaborative plans e. Selecting members of the Executive and Nominating Committees</td>
<td>Motion passed at BOG (Assembly of Delegates) meeting 2009 Submitted to By-Laws Committee</td>
<td>professional, scientific, humanitarian</td>
</tr>
<tr>
<td>Enhancement of decision making 2: Executive Committee</td>
<td>1. The Executive Committee will be responsible for all ISPRM operational decisions as delegated to it by the BOG (Assembly of Delegates) with two exceptions: a. If a decision has to be made within 30 days b. If the Executive Committee fails to have a valid vote because too few of its members returned their votes</td>
<td>Motion passed at BOG (Assembly of Delegates) meeting 2009 Submitted to By-Laws Committee</td>
<td>professional, scientific, humanitarian</td>
</tr>
<tr>
<td>Enhancement of decision making 3: President’s Cabinet and President</td>
<td>The President’s Cabinet will be responsible for those ISPRM operational decisions the President refers to it, either because the ISPRM must complete a decision within 30 days, or the Executive Committee failed to provide a valid vote. The President may make operational decisions without a formal vote of the President’s Cabinet if the ISPRM must complete these decisions within 15 days or the President’s Cabinet failed to provide a valid vote. In such situations, the President must seek the advice of as many members of the President’s Cabinet as possible before making decisions. If the President must make decisions without a formal vote of the President’s Cabinet or Executive Committee, her/his must prepare a report to these governing bodies outlining the circumstances of the decisions.</td>
<td>Motion passed at BOG (Assembly of Delegates) meeting 2009 Submitted to By-Laws Committee</td>
<td>professional, scientific, humanitarian</td>
</tr>
</tbody>
</table>
It was decided to maintain the Structural Reorganization Task Force founded at a retreat of the ISPRM’s President’s Cabinet in Nanjing (Yellow Mountain) in 2009 until the 2011 ISPRM meeting of the Assembly of Delegates in the context of the congress in Puerto Rico. The Structural Reorganization Task Force has been given the mandate to develop proposals for the following issues: 1) relationship with regional societies; 2) renewed model for membership; 3) democratic representation of individual and national members in the Assembly of Delegates and the Executive Committee; 4) enhanced involvement of ISPRM in ISPRM’s annual world congresses; 5) approval process for discussion and position statements (including for example guidelines or curricula in PRM; policy recommendations).

ISPRM Committees and respective Sub-Committees will, in the future, take major responsibility for particular items of ISPRM’s internal and external policy agenda [3]. In the following paragraphs, we shortly discuss key developments as outlined in Table 2 “ISPRM’s way forward” [2] as well as the internal and external policy agenda as summarized in Table 3 of chapter 6 “The policy agenda of ISPRM” [3]. Beyond the activities outlined in this paper, ISPRM is pursuing a range of additional, important activities including the programs lead by its Educational Committee and its International Exchange Program.

Enhancing the ISPRM Policy Process and Agenda in collaboration with WHO
On January 25 2011 the Board of the WHO decided to continue official relation with ISPRM for the period from 2011 to 2013. A new collaboration contract has been agreed on. To host the expanding policy agenda in collaboration with WHO and other rehabilitation organizations in official collaboration with WHO, ISPRM has expanded its WHO Liaison Committee, which now has 5 sub-committees. The sub-committees and their tasks according to the WHO-ISPRM work plan are shown in Figure 1.
International Relations and the implementation of the UN Convention on the Rights of Persons with Disabilities

The Sub-Committee on International Relations and the implementation of the UN Convention on the Rights of Persons with Disabilities will utilize and take as a model the existing relations of ISPRM with the DAR (Disability and Rehabilitation Team) Professional Organizations Network. This network involves the World Confederation for Physical Therapy (WCPT), the World Federation of Occupational Therapists (WFOT) and the International Society of Prosthetics and Orthotics (ISPO). The ISPRM Sub-Committee will seek to establish relations and work plans with other organizations in official relation with WHO including Rehabilitation International (RI) in order to facilitate the implementation of the UN Convention on the Rights of Persons with Disabilities.

Implementation of WHO’s World Report on Disability and WHO’s SCI-specific report IPSCI (International Perspectives in Spinal Cord Injury)

The upcoming publications of the World Report on Disability and Rehabilitation and the subsequent SCI-specific report IPSCI (International Perspectives in Spinal Cord Injury) in 2011/2012 provides us with the unique opportunity to strengthen PRM and rehabilitation in general. The Sub-Committee on the Implementation of the reports will, in close collaboration with WHO’s DAR (Disability and Rehabilitation) team and its Professional Organizations Network (including ISPRM, WCPT, WFOT, ISPO), establish dissemination channels for the reports and develop strategies for their implementation and evaluation. (see Table 2)

ICF Implementation

The ICF (International Classification of Functioning, Disability and Health) Implementation Sub-Committee is currently exploring possibilities for the system-wide implementation of the ICF for the provision of rehabilitation services in cooperation with current initiatives in a number of member societies. The sub-committee is also supporting the work of ISPRM’s President who serves as Chair of the Functioning Topic Advisory Group and member of the Revision Steering Group of the ICD11 revision which is currently in its alpha draft version.

Current tasks include 1) a review of the current state of the implementation of ICF in PRM practice, service provision and policy making; 2) a concerted ISPRM effort to contribute to the improvement of the ICF through evidence-based proposals in the soon to be opened WHO-ICF update platform; 3) the development of ICF Core Set-based scoring systems and measurement instruments; 4) the development of ICF Core Set manuals for practice and service provision; 5) the development of models on how to use the ICF in the planning of clinical and cohort studies focusing on functioning and disability; 6) the development of author guidelines on how to use the ICF in the reporting of studies. (see Table 2)

Rehabilitation Disaster Relief

Based on the experience of ISPRM members in recent earthquake disasters in China in 2008 and Haiti in 2010, ISPRM has established the Sub-Committee on Rehabilitation Disaster Relief within its WHO Liaison Committee. Over the next two years, the sub-committee is developing a rapid rehabilitation response plan which will enable ISPRM to serve as a catalyst of immediate PRM services in case of disasters. The Rehabilitation Disaster Relief Sub-Committee’s mission is to effectively focus the resources of ISPRM and its members to optimize health, functioning and quality of life of persons who sustain injuries or impairments after large-scale natural disasters. In the course of the 2011 ISPRM World Congress in Puerto Rico, a symposium on the issue of rehabilitation after natural disaster is planned including the publication of a special or integrated supplement in ISPRM’s official journal, the Journal of Rehabilitation Medicine. (see Table 2).

Strengthening Medical Rehabilitation

The Sub-Committee on Strengthening Medical Rehabilitation is developing a proposal to endorse conceptual, ICF-based descriptions of 1) rehabilitation, a health strategy as well as 2) the medical specialty of PRM. The Sub-Committee can herein build on developments initiated by the Professional Practice Committee of the UEMS (European Union of Medical Specialists) in 2007 [4,5,6] which led to the approval of revised proposals by the UEMS section as well as ESPRM (European Society of Physical and Rehabilitation Medicine) in 2010. All members of ISPRM are encouraged to contribute to the discussion towards an international consensus by writing a letter to our official journal, the Journal of Rehabilitation Medicine, or by writing to the chair of the WHO Sub-Committee on Strengthening Medical Rehabilitation (for the address please consult ISPRM’s webpage).

The Sub-Committee on Strengthening Medical Rehabilitation is also developing a conceptual framework for rehabilitation services within the broader context of health services provision. Ultimately, this effort should lead to a convergence of our understanding of optimal service provision along the continuum of care, across sectors and over the lifespan [3]. The taxonomy will be useful for the development and evaluation of rehabilitation services as well as policy recommendations. (see Table 2).

Enhancing ISPRM Congresses

At its 2010 meeting, the Board of Governors approved the motion to move to yearly ISPRM congresses as well as a systematic rotation of the congress location in the 3 ISPRM Areas (in alphabetical order: 1 - Americas; 2 - Asia-Oceania; 3 - Europe, Eastern Mediterranean, Africa) [2] from 2013 onwards. Accordingly, ISPRM will hold its congresses in Asia-

Until the 2011 ISPRM meeting in Puerto Rico, the ISPRM Organizational Structure Task Force develops, with involvement of the Congress Committee, a new contract for future ISPRM congresses which includes these standards as well as suggestions for an enhanced involvement of the Central Office. It will also develop a model for cooperation of ISPRM and national hosts with suitable regional societies including AOSPRM (Asia Oceania Society of PRM), ESPRM and AMLAR (Asociación Médica Latinoamericana de Rehabilitación) as well as the Mediterranean Forum which has an integrative role involving Europe, Eastern-Mediterranean and North-Africa. (see Table 2).

**Strengthening functioning and rehabilitation research**

The Board of Governors approved the motion to adopt the *Journal of Rehabilitation Medicine* as ISPRM’s only official journal. It also approved the concept of an international web of journals. The web of journals under the auspice of the Publication Committee provides PRM journals worldwide with the opportunity to be published in association with ISPRM or to be endorsed by ISPRM according to defined criteria [2]. It is also intended to enhance the author guidelines of PRM through the inclusion of the ICF as standard for the reporting of persons’ functioning in studies.

A most important initiative is currently being developed by the Education Committee. It is the proposal to offer national societies the possibility to enroll trainees for the São Paulo/Harvard Clinical Effectiveness Program. The Principles and Practice of Clinical Research is an international collaborative distance-learning clinical research training program offered by the Department of Continuing Education from Harvard Medical School. The course is designed for individuals who wish to gain basic advanced training in clinical trials before moving into the field and for those who have experience in this area and aim to broaden their role in the design, management, analysis, and reporting of clinical trials [7].

To facilitate ISPRM’s role in strengthening functioning and rehabilitation research through collaborative research and the development of suitable research methodology, ISPRM has appointed a Task Force on Research. This Task Force is currently developing a plan towards the establishment of an ISPRM Research Committee. (see Table 2).

**Establishing collaborations with regional societies**

Since the publication of the special issue on “Developing ISPRM” [1,2], there has been an extensive discussion about the best model for cooperation between ISPRM and regional societies. The ISPRM Structural Development Task Force is addressing this issue and will present a proposal at the 2011 ISPRM Assembly of Delegates in Puerto Rico.

A concept that seems to gain momentum is the so-called “mutual recognition” and the appointment of reciprocal liaison officers with observer status at the ISPRM Assembly of Delegates and respective regional society assemblies. Most importantly, it is intended to develop 2-4 yearly collaboration plans with goals and milestones. In this respect, the ISPRM-WHO-DAR Collaboration Plan may serve as a model (http://www.isprm.org/?CategoryID=353&ArticleID=170).

It also seems now clear that the model of regional vice-presidents, independent from the nominating and appointment process, may create irritations with regional societies. Therefore, a model with elected regional representatives for national societies and individual members as discussed in the next paragraph seems to be an attractive alternative. (see Table 2).

### Table 2: Pivotal items of ISPRM’s members agenda

<table>
<thead>
<tr>
<th>Strategic goal</th>
<th>Internal/ external</th>
<th>ISPRM activities</th>
<th>Status of ISPRM activity</th>
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<tbody>
<tr>
<td>Enhancement of collaboration with regional peer societies</td>
<td>Internal</td>
<td>Establishment of mutual recognition and collaboration plans with regional PRM societies (following the model of the ISPRM-WHO DAR collaboration plan)</td>
<td>Discussed in chapter 2.5 of ISRM Special Issue on Developing ISPRM 1,2,3</td>
</tr>
<tr>
<td>Enhancement of ISPRM congresses</td>
<td>Internal</td>
<td>Enhanced involvement of central offices in ISPRM congresses and of PRM officers in scientific committees and programs</td>
<td>Proposals and draft contract for future congress organizers to be prepared by ISPRM Structural Development Task Force and will be discussed and voted upon by Assembly of Delegates in 2011 (to be submitted to Delegates 25 days before Assembly)</td>
</tr>
<tr>
<td>Democratization of ISPRM governance structures and adoption procedures</td>
<td>Internal</td>
<td>Creation of Individual Members Assembly and move from nomination and approval to election of representatives by Assembly of Delegates</td>
<td>Elected in 2012, 2, 3 and of ISRM Special Issue on Developing ISPRM 1,2,3, respectively. In 2012 motions are currently being prepared by Organizational Structure Task Force and will be voted upon by Assembly of Delegates in 2011 (to be submitted to Delegates 25 days before Assembly)</td>
</tr>
<tr>
<td>Supporting the establishment of rehabilitation services worldwide</td>
<td>External</td>
<td>Discussion paper with working title “ISPRM’s potential influence on the establishment of ISRM services in low resource settings”</td>
<td>Discussion paper currently under technical review by WHO</td>
</tr>
<tr>
<td>Developing rapid rehabilitation response to natural and man-made disaster</td>
<td>External</td>
<td>Discussion paper with working title “FIRP: Possible contributions of ISPRM to PRM disaster relief”</td>
<td>Proposed new WHO/DAR ISPRM collaboration plan currently under review by WHO</td>
</tr>
<tr>
<td>New Items for WHO/DAR ISPRM collaboration plan have been prepared by ISPRM</td>
<td>Proposed new WHO/DAR ISPRM collaboration plan currently under review by WHO</td>
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<tr>
<th>Disaster</th>
<th>External</th>
<th>Establishment of Research Task force mandated to develop work plan</th>
<th>Founded by President's Cabinet at 2010 ISPRM retreat in Taiwan, work plan to be submitted to President's Cabinet mid 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of ISPRM constituency and membership</td>
<td>External and Internal</td>
<td>Facilitation of foundation of PRM societies</td>
<td>PRM societies in low resource settings: Identification of white spots provided in discussion paper [9]; work plan to be developed by Membership Committee and to be submitted to President's Cabinet mid 2011</td>
</tr>
<tr>
<td>Development of new membership models</td>
<td>External</td>
<td>Development of new membership models</td>
<td>Membership models: Respective motions are currently being prepared by Organizational Structure Task Force and will be discussed at the Assembly of Delegates in 2011</td>
</tr>
<tr>
<td>General curricula in disability and rehabilitation</td>
<td>External</td>
<td>Discussion paper with working title “general curricula on disability and rehabilitation in medical education”</td>
<td>Draft being prepared by Education Committee aligned with WHO Liaison Sub-Committee on Strengthening Medical Rehabilitation; first draft to be submitted to President's Cabinet mid 2011</td>
</tr>
<tr>
<td>Fighting discrimination</td>
<td>External</td>
<td>Implementation of the UN Convention</td>
<td>Respective Sub-Committee of WHO Liaison Committee will develop work plan to be submitted to President's Cabinet mid 2011</td>
</tr>
<tr>
<td>Implementation of the ICF and ICF Core Sets</td>
<td>External and Internal</td>
<td>Adoption of ICF as general framework for functioning in PRM and endorsement of the WHO ICF Core Sets</td>
<td>ICF/ICF Core Sets: Motion passed in Bog 2009; By-Laws/PF changes to be prepared by By-Laws Committee up until March 2011 (90 days before Assembly)</td>
</tr>
<tr>
<td>Implementation of ICF in hospitals and improvement of ICF implementation</td>
<td>External</td>
<td>Review on ICF implementation in rehabilitation hospitals and improvement of ICF implementation</td>
<td>ICF Implementation: Work plan to be developed by WHO Liaison Sub-Committee on ICF Implementation up until mid 2011</td>
</tr>
<tr>
<td>Contribution to WHO guidelines and glossary on terminology relevant to disability and rehabilitation</td>
<td>External</td>
<td>Community-based rehabilitation guideline</td>
<td>To be reviewed by WHO Liaison Sub-Committee on UN Convention upon receipt from WHO</td>
</tr>
<tr>
<td>Strengthening</td>
<td>External</td>
<td>Position papers on conceptual descriptions of the rehabilitation strategy and HKM</td>
<td>Conceptual descriptions; currently revised by WHO Liaison Sub-Committee on Strengthening Medical Rehabilitation and to be re-submitted to President's Cabinet mid 2011</td>
</tr>
<tr>
<td>Rehabilitation through unifying terminology and internal</td>
<td>External</td>
<td>Discussion paper on rehabilitation services within health services matrix</td>
<td>Rehabilitation Service Matrix: In preparation by WHO Liaison Sub-Committee on Strengthening Medical Rehabilitation</td>
</tr>
</tbody>
</table>

Enhancing collaboration with national societies

Thanks to the increasing survival of people after injury and formerly conditions as well as aging populations and an associated increase in chronic conditions, PRM as the leader of the rehabilitation will, over the next decades, assume an even more important role in the health care systems worldwide.

Accepting the challenge, ISPRM must “think global” and “act local”. With this understanding, ISPRM, the international umbrella organization of PRM physicians, works closely with its constituency, national society members and individual members. Membership with ISPRM allows national societies and individual members to shape the future of PRM and rehabilitation worldwide. Thanks to ISPRM, PRM speaks with one voice in its collaboration with the United Nations and its specialty agency for health, the World Health Organization (WHO) as well as regional bodies and other non-governmental organizations [1]. Policies developed by the WHO, including for example standards for the assessment of functioning or reimbursement, influence how national health systems develop their services and care. This ultimately shapes the context of how we, as PRM physicians, can provide care and services to patients and persons in need of rehabilitation [1, 10]. At the start of its second decade of existence, ISPRM has successfully addressed a range of issues strengthening its leadership role with respect to its humanitarian, scientific and professional mandates for PRM worldwide [1, 10]. Table 3 provides a list of ISPRM resources useful for national societies and individual members.

ISPRM Governance and Membership

Two important tasks of the ISPRM Structural Development Task Force are the development of a revised membership model addressing the issue of national, individual and combined membership as well as a revised model for the representation of national societies and individual members in the Executive Committee and Assembly of Delegates.

| DARC=Disability and Rehabilitation team of the WHO; ICF=International Classification of Functioning, Disability and Health; ISPRM=International Society of Physical and Rehabilitation Medicine; PRM=Physical and Rehabilitation Medicine; WHO=World Health Organization |

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### Table 3: ISPRM resources and suggested actions by national societies

#### ISPRM Information and Communication Resources
(for resources see ISPRM website www.isprm.org; contact Central Office (werner@medicongress.com) or President (stucki.isprm@paranet.ch))

<table>
<thead>
<tr>
<th>Information sources</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISPRM website (<a href="http://www.isprm.org">www.isprm.org</a>)</td>
<td>Provide Central Office with national information for website</td>
</tr>
<tr>
<td>ISPRM News and Views</td>
<td>Dissemination to membership; inform membership about news</td>
</tr>
<tr>
<td>ISPRM Flyer</td>
<td>Information of membership</td>
</tr>
<tr>
<td>ISPRM’s official journal: Journal of Rehabilitation Medicine (JRM) (download from <a href="http://www.medicaljournals.se/jrm/">http://www.medicaljournals.se/jrm/</a>)</td>
<td>Inform membership regarding news; direct access, free of charge</td>
</tr>
<tr>
<td>ISPRM poster</td>
<td>Poster session national congress</td>
</tr>
<tr>
<td>ISPRM presentation - oral session</td>
<td>Presentation at national congress</td>
</tr>
<tr>
<td>Information on individual national PRM societies (<a href="http://isprm.flexmax.eu/society/">http://isprm.flexmax.eu/society/</a>)</td>
<td>Detailed information about national societies</td>
</tr>
</tbody>
</table>

#### ISPRM Resources

<table>
<thead>
<tr>
<th>Resources</th>
<th>Action by national society</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISPRM congress structure</td>
<td>Consider for national PRM congresses</td>
</tr>
<tr>
<td>ISPRM congress topic list</td>
<td>Consider for national PRM congresses</td>
</tr>
<tr>
<td>ISPRM policy agenda</td>
<td>Discussion at national board meeting; nominations of experts from ISPRM committees</td>
</tr>
<tr>
<td>WHO-DAR* team: download DAR-Newsletter from (<a href="http://www.who.int/disabilities/publications/newsletter/dar_newsletter_issue12.pdf">http://www.who.int/disabilities/publications/newsletter/dar_newsletter_issue12.pdf</a>) (for future issues change issue number in link or check <a href="http://www.who.int/en/">http://www.who.int/en/</a>)</td>
<td>Information and discussion at the national Board Meetings; editorial comment in the national journal</td>
</tr>
<tr>
<td>São Paulo/ Harvard Clinical Effectiveness Program [2] Contact the ISPRM Central Office (<a href="mailto:werner@medicongress.com">werner@medicongress.com</a>)</td>
<td>Pro-active identification of national candidates for the São Paulo/Harvard Clinical Effectiveness Program</td>
</tr>
<tr>
<td>International Exchange</td>
<td>Facilitates sharing of educational and research opportunities in physical and rehabilitation medicine programs, across all continents</td>
</tr>
<tr>
<td>PRM Curricula</td>
<td>Consider for guidance for the establishment of national curricula</td>
</tr>
<tr>
<td>CME (continuous medical education) articles in JRM (<a href="http://www.medicaljournals.se/jrm/">http://www.medicaljournals.se/jrm/</a>)</td>
<td>Integrate in national CME model</td>
</tr>
<tr>
<td>Press release about the launch of the World Report on Disability and Rehabilitation</td>
<td>June 09, 2011</td>
</tr>
</tbody>
</table>

#### Approval/Endorsement/Adoption of ISPRM standards

<table>
<thead>
<tr>
<th>What</th>
<th>Action by national society</th>
</tr>
</thead>
<tbody>
<tr>
<td>International Classification of Functioning, Disability and Health (ICF)</td>
<td>Adoption of the ICF</td>
</tr>
<tr>
<td>ICF Core Sets (download from <a href="http://www.icf-research-branch.org/download/viewcategory/5.html">http://www.icf-research-branch.org/download/viewcategory/5.html</a>)</td>
<td>Endorsement of the ICF Core Sets</td>
</tr>
<tr>
<td>Conceptual description of rehabilitation**</td>
<td>National board meeting - decision regarding adoption</td>
</tr>
<tr>
<td>Conceptual description of PRM**</td>
<td>National board meeting - decision regarding adoption</td>
</tr>
<tr>
<td>WHO World Report on Disability</td>
<td>Planning and implementation</td>
</tr>
</tbody>
</table>

*Disability and Rehabilitation; ** pending; as soon as finalized and approved by ISPRM
Figure 2 shows the current governance model (a) and the model to be discussed (b) based on the considerations published in chapter 5 of the special issue on developing ISPRM [8].

Fig. 2: a) Current Governance Model ISPRM

Fig. 2: b) Envisioned Governance Model ISPRM for discussion
Model (b) has a number of advantages. They include bottom-up processes for the election of national societies and individual member representatives in the ISPRM Executive Committee by the new Assembly of Delegates. They also include the election of individual member representatives for the Assembly of Delegates through an Individual Members-Assembly to be created in the future.

Another model for national representatives in the Executive Committee which is to be discussed includes the suggestion to elect 3 representatives of national societies and 1 representative for the individual members for each of the 3 ISPRM Areas [2]. Having 3 representatives from the national societies for each ISPRM Area seems to be advantageous across areas. In the ISPRM Area of the Americas, this would allow southern, middle and northern America to be represented. In the ISPRM Area of Europe, Eastern Mediterranean and Africa, a respective representation of each of those Areas would be possible. Finally, in the ISPRM Area Asia-Oceania, a representation of the UN region Western Pacific would be assured by representatives of Asia-Western Pacific and Oceania-Western Pacific. In addition, there would also be a representative for South-East Asia [2]. With respect to individual members, it is being discussed whether, in future, the representation of individual members should be balanced against a much larger representation of national societies with many of them including a combined national and individual membership model. Therefore, it has been suggested that the ISPRM Assembly elects one representative of the individual members for each ISPRM Area to the Executive Committee. (see Table 2).

The leadership of ISPRM is looking forward to develop our society in close collaboration with our national and individual membership, our colleagues from regional societies, our partners at WHO and their Professional Organizations Network as well as their Network of People with Disability Organizations. Together we can ensure that PRM physicians worldwide can provide effective, adequate and economic services for patients along the continuum of care and over the lifespan.

Prof. Dr. Gerold Stucki - President

An earlier version of this report has been published as:

References

Report of the Immediate Past President
Joel DeLisa

The First BOG meeting took place in Limassol, Cyprus on September 29, 2010. The minutes were distributed on Nov. 16, 2010 to the members eligible to vote electronically. The 90 day response period was completed on February 17, 2011. Unfortunately only 21 eligible individuals voted. We needed 40% of the BOG members (100) to vote to have a valid election. Hence, the minutes must be voted upon in the Puerto Rico meeting. This raises the issue of each Directors responsibilities, and will electronic voting truly allow the Society to have the flexibility to make decisions and to be more nimble in its decision making.

I apologize in advance for not being in attendance for these Assembly meetings.

Report of the President-Elect
Marta Imamura

Since the last BOG meeting in Cyprus we worked towards implementing the Principles and Practice of Clinical Research ISPRM Scholarship to members of the ISPRM National Societies in good standing with the ISPRM. The Principles and Practice of Clinical Research course is offered by the Department of Continuous Education at Harvard Medical School and is a long distance on line training on Clinical Research. With the valuable help of Profa. Francesca Gimigliano, a former graduate student and current teaching assistant from the course and Werner Van Cleemputte we asked all Presidents of National Societies in good standing with the ISPRM to appoint potential candidates from their countries (Appendix 1). We received 24 replies and the appointment of candidates from 13 countries. The selected candidates taking the ISPRM scholarship are listed below:

<table>
<thead>
<tr>
<th>Name</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anupam Datta Gupta</td>
<td>Australia</td>
</tr>
<tr>
<td>Fabio Zaina</td>
<td>Italy</td>
</tr>
<tr>
<td>Mayla Tee</td>
<td>Philippines</td>
</tr>
<tr>
<td>Claudia Barata Ribeiro</td>
<td>Brazil</td>
</tr>
<tr>
<td>Yao Liu</td>
<td>China</td>
</tr>
<tr>
<td>Carlos Cordero</td>
<td></td>
</tr>
<tr>
<td>Lazaros Athanasiathis</td>
<td>Greece</td>
</tr>
<tr>
<td>Kim Waspe</td>
<td>Canada</td>
</tr>
<tr>
<td>Xiao Lu</td>
<td>China</td>
</tr>
<tr>
<td>Claudia Toma</td>
<td>Romania</td>
</tr>
<tr>
<td>Maria Ines Campos</td>
<td>Portugal</td>
</tr>
<tr>
<td>Anna Muehlfellner</td>
<td>Austria</td>
</tr>
<tr>
<td>Keryl Motta</td>
<td>Puerto Rico</td>
</tr>
<tr>
<td>Simon Levy</td>
<td>Israel</td>
</tr>
<tr>
<td>Yu Lehua</td>
<td>China</td>
</tr>
</tbody>
</table>

An Innovative Method of Global Training on Advances in Physical and Rehabilitation Medicine using Collaborative Learning with Web 2.0 Tools
A web-based Collaborative Learning in Advanced Training in Physical and Rehabilitation Medicine

In the past decade, the scenario for collaboration among clinicians has changed significantly with the phenomenon of globalization and web-based technology. We understand that novel training programs are essential for the new generation of clinicians and therefore developed a novel global training program based on the collaborative learning method using the tools of Web 2.0. The program will allow delivery of up-to-date and state of the art distance-learning courses of various durations, combining traditional and novel learning approaches based in any country and broadcasted to several participating centers over the world. Most of the features of the course were web-based and include the discussion forum, blogs, weekly poll, podcasting, and the case discussion group-project in which participants can work together on a challenge clinical case related to the theoretical content of the course. In addition, interaction with faculty and staff are made through chat and two-way video-conference system. Our hypothesis is that students with larger contribution and participation in the web-based interactive platform will be qualified to perform state of the art practice, with the background of evidenced based practice.
Given the importance of clinical training, together with its challenges, we introduced a novel format for delivering courses using the mode of the Principles and Practice of Clinical Research Learning Course delivered by the Department of Continuing Medical Education at Harvard School of Medicine since 2009. This course is a distance-learning course of various models with different durations which combines traditional and novel learning approaches using techniques of computer-supported collaborative learning (CSCL), web-based learning (WBL), collaborative learning (CL) and problem-based learning (PBL). Web-based learning consists on using the internet as a support platform to the course. Collaborative learning consists on stimulating sharing of experiences and knowledge among participants. The idea is that participants work together toward an intersection of common goals and each one can contribute to fill in gaps in knowledge therefore using the concept of learning by teaching. In Problem-Based Learning, students are placed in an active environment by giving them problems and training them to identify what they need to learn to solve those problems, filling their previous knowledge gaps. All three methods support active learning, which has been found to be more effective on promoting development of student’s skills on writing and thinking and consist on stimulating students “on doings things and thinking about the things they are doing”.

The multicenter integrated permanent education program in Physical and Rehabilitation Medicine – a Global Training on Advances in Physical and Rehabilitation Medicine was presented to major sponsors of the Associação Brasileira de Medicina Física e Reabilitação and four companies already agreed to sponsor the pilot set of courses to be available in 2011. It is a 3-month collaborative distance-learning program that is all structured online (www.fisiatria.org.br) and based in São Paulo, Brazil. The course is part of the Institute of Physical and Rehabilitation Medicine and Institute of Rehabilitation Lucy Montoro (http://lucymontoro.org.br), Departamento de Medicina Legal, Social e do Trabalho and Telemedicine Department of University of São Paulo School of Medicine. Despite the distance, at the beginning of the course, participants will be told that interaction with other participants is a requirement for successful completion of the program.

All the lectures will be broadcasted from the Department of Telemedicine, University of São Paulo School of Medicine, São Paulo, Brazil.

Our platform will promote online and also live interaction between students. Online interaction is promoted through the use of a forum of discussion and a clinical case group management. For the forum, each week, the course director opens the discussion with two new comments related to the following lecture and participants are required to post comments on that topic. Our objective will be to shift from teaching as knowledge transmission to a model where learning is less teacher-dependent. In addition, forum is structured using tools for social networking such as participants picture will be shown together with the respective comment and also participants will rate how useful the comments are. Besides online interaction, we will also promote live interaction when possible among participants from the same city as they had weekly meetings to discuss course content. Depending on the course module, we will create 2 to 3-day live meetings during the course in which all participants will be gathered in specific inspected sites for the practical hands-on workshops.

Report of the Vice President
Jianan Li

See report 2013 ISPRM World Congress

Report of the Secretary
Jorge Lains

Prof. Gerold Stucki honoured me with a close and friendly relation and permanent collaboration, as it happened with our Past-president Prof. Joel DeLisa. Both are playing a major and unique role on assisting me with their wise opinion, expertise and experience.

I also would like to mention the permanent availability of Mr. Werner Van Cleemputte.

Several are the tasks where the Secretary has been involved. The most relevant to be reported:

1. ISPRM 2014 World Congress
The Assembly of Delegates – AD (former BOG) approved in Limassol to hold a yearly congress and an exceptional bidding and voting process by internet, for the 2014 ISPRM World Congress, based on the contract model of the Beijing 2013 World Congress and the Requirements for application to hold the ISPRM World Congress. It was also decided that, in respect of the rotation of the Congress among the 3 “World ISPRM Areas” (Americas; Europe, Eastern Mediterranean and Africa; Asia
and Oceania), the bidding should preferably come from the “Americas”. A unique candidature came from Mexico, under the Presidency of Prof. Juan Manuel Guzman.


More than 40% of the members of the AD voted, the bidding was approved, and the ISPRM 2014 Congress will be in Mexico. I am certain that Prof. Guzman and the Mexican colleagues will organize an outstanding Congress.

2. Legal Issues

ISPRM as Non-profit Organization

It is crucial that ISPRM has a legal statute.

Several legal issues are being solved, in particular the ISPRM legal registration status. In Limassol, the AD decided it should be looked for the legal possibility and costs to register ISPRM as Non-profit Organization, possibly, but not exclusively, in Belgium. This decision depending on the costs and the needed changes that should be introduced in the By-Laws and P&P, in accordance with the legal exigencies of the hosted country (Belgium or other chosen country).

Mr. Werner Van Cleemputte contacted a Belgium society/firm able to do all arrangements for a very low amount:

- Yearly membership: 95 Euro + 21% VAT including all advice on legal, economic and employee issues.
- Full registration process and adaptation to Belgian laws: 395 Euro + 21% VAT
- Publication costs: 147.5 Euro + 21% VAT (Belgium government costs).
- Translation costs of the By-Laws and P&P: charged per page. Werner offered for free the services of an interpreter working in Medicongress.

An official yearly tax declaration on income and expenses must be done and Medicongress has the experience and knowledge for doing it.

Considering these “really inexpensive” costs and the easily of the process, it was decided to develop all the procedures to register ISPRM in Belgium. It is important to clarify that there is no legal problem, and it is not a complex task, to change the ISPRM registration to another country, if considered convenient. This information was confirmed by the President and me.

Prof. John Melvin, Chair of the By-Laws Committee, did a paramount and huge task, preparing the need changes in the By-Laws and P&P to fulfill the requirements of the Belgium law to register as a not-for-profit entity.

Signature authority

The ISPRM contracts must be signed.

Who has signature authority for ISPRM - President, Executive Director, Treasurer, Secretary? Some items should require only two signatures. These issues will be solved when our legal statues will be established (as Not-for-profit Organization). I would suggest that any economical document must be signed by the Treasurer, any organizational document by the Secretary, all by the President.

Liability insurance

Who is responsible for any payment if ISPRM can’t do it?

Mr. Werner Van Cleemputte looked for the costs of liability insurance for the ISPRM leadership and it will be about 500 Euros for coverage of 250.000 Euros/case/year.

Legal retainer

ISPRM needs a legal retainer.

Proceeding with our registration under the responsibility of the Belgium society contacted by Werner, the costs of the yearly membership include all advice on legal, economic and employee issues.

3. World ISPRM Congress, since 2016

Congresses are the main source of money of the National Medical Societies. ISPRM world congress must become the main way for solving our economical needs.

ISPRM did important progresses:

- The good-will and desire to collaborate on the strengthening and development of ISPRM of our Chinese colleagues allowed the first ever signed contract between ISPRM and the Local Congress Organizer (LCO). I would like to emphasise that it was obtained by consensus after friendly, nice and easy conversations. My deep thanks to CMA and CARM and Profs. Jianan Li and Leonard L.

- The Congress Committee, namely the Chair, Prof. Guy Vanderstraeten, and Prof. Veronika Fialka-Moser prepared and presented an excellent document in Limassol: Proposal for ISPRM Standards for World Congresses. It was voted and approved by the AD (BOG) in Limassol, becoming the ISPRM Requirements & Standards to organise the ISPRM World Congresses.

These two documents are quite important, assuring high quality and high standard scientific level.
The bidding for the 2016 world congress will happen in 2012, during ISPRM interim meeting in the AAPM&R congress, November 15-18, in Atlanta.
Until then, we need to prepare a new congress contract where ISPRM and our Central Office will also have a major Organizing role.
ISPRM will need a close collaboration of the Congress and the Sponsorship Committees and of the Central Office, under a new management contract (see below).
Both, new congress and management contracts, democratically approved.
ISPRM world congress should also become the main way for solving our economical needs.

4. Central Office Contract, since 2012
An update of Central Office (CO) contract was developed and signed with detailed descriptions of all tasks and issues in Limassol. The contract is valid up until 31 December 2011.
For the next period, the AD (BOG) Limassol meetings approved it should be prepared a bidding for a new management contract, involving Medicongress and other top.
This call for proposals is being developed.
With the collaboration of some colleagues, I wrote to several top firms, sending in attachment a draft (a sample) of a contract based on the main (but not exclusively) services ISPRM needs, prepared in the Taipei retreat and approved by the President Cabinet (Appendix, at the bottom of the secretary report).
Until now, I contacted:
- Medicongress
- AAP – Association of Academic Physiatrists
- AAPM&R – American Academy of PM&R (answer: we will not be submitting a proposal for ISPRM management)
- Congrex
- ICC - International Conference Consultant
- Kenes
- MCI – mci-group

5. Membership
The Italian colleagues had the idea of the “combined membership” and a growing number of national Societies are choosing this option.
Although a good solution, the Membership Committee will present new membership ideas.
Independently of new membership options, it will be quite difficult to augment the registration fees and I would like to state my personal opinion: the economical solution must include a new ISPRM World Congress Contract, where ISPRM will be more involved in the organizing (and economical) requirements, as I mentioned above.

6. Website – Membership Updating
The website is the most important link between the ISPRM members and a unique tool to access to relevant information.
A permanent updating the website is a huge task and is very time consuming, in particular the membership updating. This huge task is being done by Profs. Nachum Soroker and Yaron Sacher but a lot of technical problems are happening, and causing some conflicts.
In the new ISPRM management contract, the membership updating must be a Central Office task.

Comment
This report is a very brief and short summary of the actions and tasks that were or are being taken, involving the secretary. The enormous amount of information and tasks performed each and every day by several members of different Committees, e.g. the Publication Committee, the Website Sub-Committee and the Secretary need to be review.
ISPRM is growing and needs a professional structure. The World Congresses should become the most important opportunity to further develop our Society. ISPRM must give a step forward and become the “Congress Organizer”.

____________________________
Appendix – Proposed Management Contract Between ISPRM and the Company-XX

See Appendix page 86
**Report of the Treasurer**

**John Olver**

**2010 Results**
The general account for 2010 which was a non conference year recorded a loss of 19,415 Euro. The income from membership fees from societies remained steady with a slight drop in income from individual members. There was a significant drop in income from interest payments reflecting the continuing affects of the Global Financial Crisis. The main increased expense was the double payment to JRM at 19500Euro. (see attached)  
The overall balance sheet remains strong with a total of 168,367 Euros

**2011 Budget**
The proposed budget for 2011 as currently drafted would return a surplus of 28,750 Euros and is based on society and individual membership which is our main source of income, along with income from the congress remaining strong. (see attached).

**Audit**
In our two yearly audit cycle, a financial audit was conducted in April of this year. The audit was confined to the finances of ISPRM and did not include an office audit. Prior to the audit being conducted, I looked into the possibility of another company conducting the audit. It became clear that to use options outside of Belgium would be too expensive. The results of the audit were not available at the time of writing this report but should be available for presentation at the meeting.

**Comment**
As can be seen from the general account sheet, the yearly budget is quite tight. There are a number of items which have been discussed at past meetings which will have financial implications.(such as taking up directors insurance for the office bearers in ISPRM)  
On the positive side the move to yearly congresses, if successful, could add an additional 30,000 Euros to the budget every second year. The amount of regular sponsorship of the ISPRM is relatively small and if increased would give greater flexibility to educational or other projects requiring expenditure.  
The main threat to the financial position would be any sustained drop in society or individual membership. The current concerns regarding timely maintenance of the membership lists could impact on this and process must be sorted out. Also continued low interest rates are impacting our bottom line.  
Over the last few months, there have been requests for reimbursements for travel when individuals are traveling to meetings on behalf of ISPRM. This may increase as ISPRM attempts to increase its profile in the structure of the WHO. At present there is no funding allocated for this activity. As the budget remains tight, we will need to prioritise significant new expenditure.
Report of the Honorary President and Council of Presidents
Chang-il Park

No report available

Report of the RVP Africa & Middle East
Maher Saad Al Jadid

I apologize for the delay and passing the deadline for submission of the report. This is because I have communicated with different national societies in the Arab region (by e-mail and by telephone call) including: Kuwait, UAE, Iraq, Syria, Jordan, Morocco, Tunisia, Qatar, Egypt and Algeria. They have promised me on so many occasion to submit their report earlier, but nothing as of yet. I have requested the following:
- Training of PMR
- Scientific activities
- The reason for some of them for not joining the ISPRM ( ?? financial )
I will send them another reminder and if no reply, then I will e-mail you with the report by June 28.
As you know our colleagues in Turkey and in Israel are quite active and their activities are in the websites.

Report of the RVP Asia & Oceania
Simon Fuk-Tan Tang

No report available

Report of the RVP Europe
Alessandro Giustini

No report available

Report of the RVP Central & South America
Juan Manuel Guzman Gonzales

Physical Medicine and Rehabilitation in Latin America and Caribbean is becoming quite strong with outstanding support of the Physical Medicine and Rehabilitation Societies from the different countries. The International Association who leads all the countries in rehabilitation field is AMLAR (Latin American Medical Association of Rehabilitation); www.amlar-web.com, and it is divided in three regions:
- North Region: Cuba, El Salvador, Guatemala, Haiti, Honduras, Nicaragua, México, República Dominicana.
- Central Region: Colombia, Costa Rica, Guyana, Jamaica, Panamá, Puerto Rico, Trinidad y Tobago, y Venezuela.
- South Region: Argentina, Bolivia, Brasil, Chile, Ecuador, Paraguay, Perú y Uruguay.

The countries with National Society of Physical Medicine and Rehabilitation are:

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>SOCIETY &amp; ASSOCIATION</th>
<th>WEB or MAIL</th>
</tr>
</thead>
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<td><a href="http://www.sobomefyr@gmail.com">www.sobomefyr@gmail.com</a></td>
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<td>6. Costa Rica</td>
<td>Asociación Costarricense de Medicina Física y Rehabilitación</td>
<td><a href="mailto:Dr.manuelwongon@gmail.com">Dr.manuelwongon@gmail.com</a></td>
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<tr>
<td>7. Cuba</td>
<td>Sociedad Cubana de Medicina Física y Rehabilitación</td>
<td><a href="http://rehabilitacion.sld.cu">http://rehabilitacion.sld.cu</a> <a href="mailto:rehabilitacioncuba@yahoo.es">rehabilitacioncuba@yahoo.es</a></td>
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<td>8. Dominican Republic</td>
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<td><a href="http://www.fisiatriard.com">http://www.fisiatriard.com</a> <a href="mailto:dra.mariamartinez@hotmail.com.comarturoelfisiatra">dra.mariamartinez@hotmail.com.comarturoelfisiatra</a>@hotmail.com</td>
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<td>10. El Salvador</td>
<td>Asociación Salvadoreña de Medicina de Rehabilitación</td>
<td><a href="http://www.medicosdeelsalvador.com/asiacion/asmer">www.medicosdeelsalvador.com/asiacion/asmer</a> <a href="mailto:dr.julio.galvez@gmail.com">dr.julio.galvez@gmail.com</a></td>
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<td>14. Honduras</td>
<td>Sociedad Hondureña de de Medicina Física y Rehabilitación</td>
<td><a href="mailto:soniaflo@gmail.com">soniaflo@gmail.com</a></td>
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<td>15. Jamaica</td>
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<td>16. México</td>
<td>Sociedad Mexicana de Medicina Física y Rehabilitación, A. C.</td>
<td><a href="http://www.socmedfisyrh.org.mx">www.socmedfisyrh.org.mx</a> <a href="mailto:psmmfr2904@hotmail.com">psmmfr2904@hotmail.com</a> <a href="mailto:jmguzman50@prodigy.net.mx">jmguzman50@prodigy.net.mx</a></td>
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<td>17. Nicaragua</td>
<td>Asociación Nicaragüense de Medicina Física y Rehabilitación</td>
<td><a href="mailto:ariadna@ibw.com.ni">ariadna@ibw.com.ni</a></td>
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<td>18. Panamá</td>
<td>Sociedad Panameña de Medicina Física y Rehabilitación</td>
<td><a href="mailto:socmedrehab_pa@hotmail.com">socmedrehab_pa@hotmail.com</a> <a href="http://www.sopamer.org">www.sopamer.org</a></td>
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<td><a href="mailto:maricruzmd@hotmail.com">maricruzmd@hotmail.com</a></td>
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<td>23. Uruguay</td>
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Only 4 of 24 Societies have Journal, one of them; Brazil has 4 journals and 20 has none.

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<td><a href="http://rehabilitacion.sld.eu">http://rehabilitacion.sld.eu</a></td>
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</table>
We celebrate the Latin American Congress every two years in different countries of the Region, the last one was held at Cartagena de Indias, Colombia, August 25-28, 2010, and the next one will be held at Punta Cana, Dominican Republic, on August 2012.

The Congress was honored with the presence of distinguished physiatrists coming from around the world, leaded by Dr. Marta Imamura Vice-President of the ISPRM, Dr. Juan Manuel Guzman AMLAR past president, and Regional Vice President for Latin America of the ISPRM, as well as the presidents of the Latin American Societies, among other well known international speakers.

The lectures and the workshops were terrific experience, and a large number of papers were giving, making the event in a big success.

The general assembly was held on August 26, 2010, presided by the former Board of AMLAR:

Dr. Hugo Núñez Bernadet (Uruguay) - President
Dr. Salomón Abuchaibe Abuchaibe (Colombia) - Vice-President
Dra. Raquel Lautelade (Uruguay) - General Secretary
Dra. Verónica Franco (Uruguay) - Treasurer
Dra. Ma. Elva García Salazar (México) - North Representing
Dra. Joyce Bolaños (Venezuela) - Central Representing
Dr. Carlo Paolinelli (Chile) - South Representing

In agreement with the current bylaws the candidatures of the countries that they requested to be the organizer for the Congress in 2014, were 2: Bolivia, and Chile.

The elected country for secret voting was: Chile who will organize the Congress XXVI AMLAR in Santiago, Chile.

After the congratulations for all the attendants to the winner for such nomination, the Board of AMLAR was elected, and the current one is integrated by:

Dr. Salomón Abuchaibe Abuchaibe (Colombia) - President
Dr. Arturo Saviñon Castillo(Dominican Republic) - Vice-President
Dr. Jorge E. Gutiérrez Godoy (Colombia) - General Secretary
Dr. Carlos Eduardo Rangel Galvis (Colombia) - Treasurer
Dra. Ma. Elena Herrera Dean (Honduras) - North Representing
Dra. María Palou Avilés (Puerto Rico) - Central Representing
Dr. Guido Aróstegui Castel (Bolivia) - South Representing

Thirteen Countries were represented by their National Societies in the General Assembly: Argentina, Brazil, Chile, Colombia, Cuba, Costa Rica, Honduras, Mexico, Dominican Republic, Paraguay, Peru, Uruguay and Venezuela.

The conclusions of this meeting were: To integrate different committees in order to improve the task force of Latin-American physiatrists in Rehabilitation.

Committee of review the by-Laws
- Juan Manuel Guzmán (México) (*)
- Linamara Batistella (Brasil)
- Fernando Sotelano (Argentina)
- Verónica Rodríguez (Puerto Rico)
Committee for the information and web site
- Solangel Hernandez (Cuba) (*)
- Luis Parada (Venezuela)
- Hugo Nuñez (Uruguay)
- Juan Manuel Guzmán G. (México)

Committee for Paediatric Rehabilitation
- Noemi Burgos (Argentina) (*)
- Esther Lara (México)
- Marita Méndez (Perú)
- Myrtha Vitale (Argentina)

Committee for Teaching and CME
- Elva García (México) (*)
- Susana González (México)
- Arturo Saviñón (República Dominicana)
- Ligia Monterola (Venezuela)
- Leonardo Sierra (Honduras)

Committee for Prosthesis and Orthotics
- Carolina Schiappacasse (Argentina) (*)
- Margarita Fernández Severita Carrillo (Costa Rica)
- José Paul Rodriguez (República Dominicana)
- Irene Rodríguez Ramírez (México)

Committee for Natural Disasters
- Karen Rotter (Chile) (*)
- Carolina Schiappacasse (Argentina)
- Pilar Cuya (Perú)
- Lucia Allen (México)
- Daniel Magliaro (Argentina)

Committee for Spinal Cord Injury
- Julia Greve (Brasil) (*)
- Luz Helena Lugo (Colombia)
- Graciela Borelli (Uruguay)
- Mónica Agotegaray (Argentina)
- Rosa Sotomayor (Perú).

Committee for Electrodiagnostic and EMG
- Jorge Gutiérrez (Colombia) (*)
- Juan Manuel Guzmán (México)
- Ignacio Devesa (México)
- Juan Lacuague (Uruguay)
- Ariel Plit (Argentina)

Committee for Research in Rehabilitation
- Marta Imamura (Brasil) (*)
- Luz Helena Lugo (Colombia)

The General Assembly conclusions were:
1. To standardize the rehabilitation approach for people with disability with guidelines (Evidence Based Medicine).
2. To design the profile of the Physiatrist, according our current needs.
3. To integrate a confidential mailing list by Country.
4. To develop the Board Certification System in every country.
5. Update the AMLAR By-Laws
6. To continue the promotion of the ICF, around Latin American Countries
7. To design the rehabilitation model we want to have for the future.
During the AMLAR meeting in Cartagena, Colombia, we organized the third Latin-American Presidents Meeting, (first one was in Perú May 2008, second one in Punta del Este, Uruguay, October, 2008) with the participation of the presidents of the National Societies of Physical Medicine and Rehabilitation from the different countries.

American Journal of Physical Medicine And Rehabilitation:

DR. Walter Frontera, Chief Editor of the American Journal of Physical Medicine & Rehabilitation, strongly supported the proposal from Dr. Juan Manuel Guzmán, member of the International Board of Editors, during the meeting of the Board of Editors in Austin, Tx, to translate the abstracts from English to Spanish.

"Foreign Language Translations
American Journal of Physical Medicine & Rehabilitation is proud to present translations of AJPM&R content into Spanish. We sincerely thank Dr. Juan Manuel Guzman for his work on the Abstract translations.

Invited Commentary: History of Rehabilitation in Latin America, by Fernando Sotelano, MD (Spanish)
Issue Abstracts: Selected Articles, March & April 2011 – Volume 90 – Issues 3 &4 (Spanish)
Issue Abstracts: Selected Article, January & February 2011 Volume 90 - Issues 1 &2 (Spanish)

AJPM&R is an Official Journal of the Asociación Médica Latinoamericana de Rehabilitación (AMLAR)”.

If you are interested in reading those abstracts, you may visit this site: http://journals.lww.com/ajpmr/pages/default.aspx

ACTIVITIES IN DIFFERENT COUNTRIES:

Colombia:
The Colombian Association of Physical medicine and Rehabilitation has been dedicated its efforts to the defense of the Physiatrists, mainly because, after the changes generated of the new low in the Social Security System in Colombia. This task has been centered on the role that the physiatrist has to do in the juridical areas, welfare doctors in the defense of PWD (patient with disability)

We also focused in another task, our Association is promoting research programs and supporting our colleagues to publish in national and international journals and also the participation in the most important meetings in our field, in order to get well prepared physiatrists

Central America And Caribbean Association

After a Regional a Congress in San Pedro Sula, Honduras, on May 20, 2010. A group of enthusiasts Physiatrists organized to integrate the Medical of Rehabilitation from Central America and Caribbean Association (AMERCAC). This Organization has the support of AMLAR, Dr. Hugo Núñez Bernadet. AMLAR former President, and Dr. Armando J. Vásquez. Regional Adviser on Disability y Rehabilitation OPS/OMS, were the guest speaker in this meeting.

The countries that integrate this association are: Guatemala, El Salvador, Nicaragua, Costa Rica, Panamá, Dominican Republic, Cuban and Puerto Rico.

The representing from the different Societies or Associations are:

Dra. Sofia Núñez. President of Guatemala Association of PM&R
Dr. Julio Gálvez. President of Salvador Association of PM&R
Dr. Norman Lanzas. President of Nicaragua Society of PM&R
Dr. Ángel Bonilla. Representing of Sociedad Nicaragua Society of PM&R
Dr. Roger Vargas González. Vice President of the Costa Rica Association of PM&R
Dra. Marlene Chandler. President of the Panama Society of PM&R
Dra. Claribel Vigil. Vice President of the Panama Society of PM&R.
Dra. María Martínez. President of the Dominican Republic Society of Physiatrists
Dr. Arturo Saviñón. Vice President of the Dominican Republic Society of Physiatrists
Dra. Marianela Rosario. General Secretary of the Dominican Republic Society of Physiatrists
Dra. Jeannette Aguilar. Representing of the Dominican Republic Society of Physiatrists
Dra. Jorge E. Martín Cordero. President of the Cuban Society of PM&R.
Dra. Solangel Hernández Tápanes. Treasurer of the Cuban Society of PM&R
Dra. María Martínez. President of the Puerto Rican Medical Association PM&R Chapter.

México:

In order to increase the collaboration in between EUA and Latin American and Caribbean countries, Dr. Alberto Ezquenazi, William Micheo and Juan Manuel Guzmán G., organize a very interesting symposium about the different rehabilitation training programs throughout Latin America, which was held at the Annual Assembly of the American Academy of Physical Medicine and Rehabilitation

Course # F330
Date and time Friday Oct 23, 2009 at 2:30 PM
Austin Convention Center
Duration: 60 minutes
In this course were presented the different rehabilitation training programs throughout Latin America.

Educational Objectives:
1. Describe some of the rehabilitation training programs available in Latin America.
2. Compare and contrast the educational training programs in Latin America.
3. Determine the pros/cons of the different educational models available throughout Latin America.

Audience: Physiatrists and residents from Spanish speaking countries
Course level: basic to intermediate
Language: Spanish

Faculty:
Dr. Ignacio Devesa (México) email: idevesa@yahoo.com
Dr. Verónica Rodríguez (Puerto Rico) veroni13@onelinkpr.net
Dr. Jorge Gutiérrez (Colombia) email: jegutier@uniweb.net.co
Dr. Joyce Bolaños (Venezuela) email: joybg@hotmail.com
Dr. William Micheo email: wmicheo@usa.net
Moderators: Dr. Alberto Esquenazi (USA) aesquena@einstein.edu
Dr. Juan Manuel Guzmán González (México) jmguzman@avantel.net

Program:
2:30-2:35 min Introduction Alberto Esquenazi
2:35-2:45 Dr. Ignacio Devesa (México)
2:45-2:55 Dr. Jorge Gutiérrez (Colombia)
2:55-3:05 Dr. Joyce Bolaños (Venezuela)
3:05-3:15 Dr. Verónica Rodriguez (Puerto Rico)
3:15-3:25 Panel discussion including Dr. Micheo and Guzman Gonzalez
3:25-3:30 Q&A and close of program

Venezuela:
The Venezuelan Physical Medicine and Rehabilitation Society, is doing an effort with the national government to adapt the needs of the human resources, to this respect during the scientific activities that are realized annually, meetings are included by the coordinators of resident training. One takes part in the discussions of the CV of study with the institution, which generates 76 % of the postgraduatesof the country since is the Central University of Venezuela (UCV). It was created the First Venezuelan Journal Online; so far, the papers are received for his publication. Members of our Society are working in a very strong relationship with AMLAR and many of our associated are in the different committees. We are also working with ISPRM and many of our physiatrists are attending to the world congress. In order to improve the continue medical education, the Society offers scholarships for the residents training in courses, seminars and meetings.

ICF Promoting: Latin American and Caribbean Network for the promotion of the ICF.

WHO Collaborating Centre for the FIC in Mexico (CEMECE)
After launching ICF in May 2001, several Latin American countries started to work in order to accomplish the resolution 54.21. Initial efforts were focused on the development of training materials, on the development of a "training of trainers" strategy and on the searching and analyses of International experiences related to the ICF implementation.

Supported by the National Institute of Mental Health, Pan American Health Organization and the national Ministry of Health, in February 2003 Mexico was the venue for the annual meeting of the ICF Iberoamerican Network. In this meeting, advances on the implementation of ICF were presented and discussed. Additionally, a Program of Work, focused on training, diffusion, research and application was established.

One year after, in November 2004, another meeting was held in Washington to do follow-up of the advances on the planned activities, to share national experiences and to strengthen the communication between the stakeholders and to keep the network alive.

- Several centers and national networks have been created to be responsible for spreading, training and exchanging experiences among different countries.
- Material for training and to apply the ICF was developed.
- ICF has been included in the program of training for Physical Medicine and Rehabilitation physicians and in other programs of medical specialization of some Latin American universities.

Where has ICF been applied?
2. Disability people certification: Argentina, Nicaragua and Panamá
3. Disability people register: Colombia and México
4. Clinical settings: Venezuela and Cuba
5. Occupational health: Colombia, Uruguay and México

In April 2008, Mexico was the venue for the meeting of the Latin American and Caribbean Network for the promotion of the ICF. The main activities in this meeting were the presentation of national reports about ICF implementation, the analyses and discussion of a paper about disability in the region, a presentation of a model for training and a review of the emergent demands in the field of ICF implementation.

The terms of reference for the organization, functioning and work of the network are currently being reviewed.

Training:
- Basic courses in the use of the ICF for personnel of different disciplines and of the main institutions of the federal government in the country (Mexico)
- Basic course for the handling of the ICF to the personnel of the National Council for people with disability (CONADIS). (Mexico)
- Basic course to personnel of the Ministry of Health of Guatemala in 2005
- Basic and advanced courses to personnel of the Ministry of Health of Argentina in 2005 and 2007.
- Basic course to the team of the Ministry of Health and the Bank of Social Benefits in Uruguay in 2007.
- Courses advanced in the use of the ICF for doctors, and another personnel in Cuba, Ministry of Health and CITED. (Centre for elderly people) (2006, 2007 and 2008)
- Course advanced in the use of the ICF for statistic and rehabilitation personnel of the Ministry of Health of Panama in 2007 and 2008)

Countries of the Network:
- Argentina
- Brasil (WHO Collaborating Centre for the FIC in Portuguese)
- Colombia
- Cuba
- Chile
- México
- Venezuela

With the invaluable support of Pan American Health Organization.

To attain a higher involvement of the countries with the network, a 2009 meeting in Brasil, has been planned. The objectives of this meeting are to learn of the successful experiences in the region, to review the collaborative strategies between countries and to identify the needs for training and coaching.
The development of international courses for ICF trainers was held in 2009, in Mexico City.

**Future Activities**

- To continue with the ICF Dissemination and Training Programmes in the countries of the region that have already begun with the implementation of ICF
- To start the development of diffusion and training programmes in the countries of the region that have not still begun with the implementation of ICF
- To obtain the license for printing ICF books and for reproducing cds. To increase the resources for distributing books and cds in the region
- To continue with the development of instruments for different applications of ICF
- To strength the “Training of Trainers” strategy

**Conclusions:**

- It is necessary to learn from successful experiences from other countries
- It is important to attain closer links between national efforts and international initiatives
- It is necessary to maintain an active network of collaboration between countries

**BOOKS PUBLISHED:**

It is quite interesting to state that the scientific community in Latin America, is publishing the experiences in books of recognized quality, in this report we present three of them.

1. Medicina de Rehabilitación  
   Author: Dr. Sergio Lianza, Brasil.  
   Language: Portugués.  
   Editorial: Guanabara Koogan - E-mail: sergiol@uol.com.br

2. Rehabilitación en salud  
   Language: Español  
   Editorial Universidad de Antioquia, Colombia  
   Author: Fabio Salinas Durán - Luz Helena Lugo Agudelo - Ricardo Restrepo Arbeláez

3. Neurofisiología Clínica  
   Principios Básicos e Aplicacoes  
   Author: Luiz Carlos  
   Language: Portugués.  
   2nd Edicaco, 2009.  
   Editorial: Atheneo, Rio de Janeiro, Brazil

**Report of the RVP North America & Canada**

Walter Frontera

See report of the Journal Committee

**Report of the Representatives of National Societies**

Deog young Kim & Leonard SW Li

No report available
Report of the Representative of Individual Members
Mark Young & Amparo Martinez Assucena (report)

The Representatives of Individual Members have disseminated information about the benefits of combined National Society and Individual membership, and of individual membership, in order to increase individual membership. Although it has raised interest among representatives of National Societies, and among some individual members of National Societies, the adherence to the combined National Society and Individual membership fee has not reached all the National Societies with over 1000 members.

Interest of individual National Societies members to adhere to ISPRM in a more extensive number is probably underpinned by issues that are not converging enough to their expectations. Since the National Societies’ individual members that are not adherent to ISPRM may be more easily reached through the National Societies’ representatives or their Presidents or even by means of their delegates at other international scientific societies, a short survey to detect areas of interest of these National Societies’ individual members has been sent by e-mail. A short survey is proposed to be sent to the Japan, Korea, Polish, Spanish, Turkish, and United States of America National Societies’ representatives, to their Presidents and to some delegates at other international scientific societies. The survey questions are in an attached file.

In order to detect specific areas of interest for ISPRM Active Individual Members within ISPRM, a short survey is proposed to be sent by e-mail to members representing Active Individual Members. The survey questions are in an attached file. The Representatives of Active Individual Members propose once again to have access to the names of individual ISPRM members, the National Society they belong to, and their e-mail, in order to enhance direct communication with them.
Report of the Executive Director
Werner Van Cleemputte

Membership
We experience a status quo in the number of national societies but we had more national societies making their choice for non-combined membership and unfortunately this results in having a decrease in total membership. As 2010 was a non congress year we also see a decrease in individual membership.

We ended 2010 with in total 3469 individual members (including those via combined membership). Including in these members are 2994 members of the societies that have chosen for the combined membership. So we only have 475 individual members (not belonging to a society) in good standing. These 475 members make actually most of the membership fees work for the Central Office.
The latter is very important for the membership committee in order to make its decisions on how to further develop the society membership.

On the other hand we had an increase in the number of national societies but this is still far away from 2005 when we had 57 national societies members of the ISPRM, this was mainly due to the hard work of Marta Imamura when nearly all Latin and Central American societies joined the ISPRM (unfortunately a large number only for one year).

For the statistics
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</table>

National societies that made their choice for combined membership for 2009 are: Argentina, Australasia, Brazil, China CARM, China CSPMR, Columbia, Cyprus, France, Hong Kong, Italy, Kuwait, Mexico, Portugal, Singapore, Thailand, The Netherlands, Uruguay,
The other national societies members of the ISPRM are: Austria, Belgium, Canada, Chinese Taipei, Germany, Greece, Israel, Japan, Korea, Mongolia, Philippines, Poland, Puerto Rico, Saudi Arabia, Serbia, Slovenia, Spain, Switzerland, Turkey, USA,

National societies should be more encouraged for combined membership as this can increase our membership numbers dramatically (national society as well as individual).

Delegates representing national societies should come to the Assembly of Delegates meetings with a mandate from their national society so that decisions can be made faster and easier.

Individual Membership renewal: The only tools we have for reminding our members on membership renewal are through email and through our newsletters. That is the reason we use both. For sure the individual email invitation is the most important one and we see the News & Views announcements only as an additional reminder and why not using this? The more we remind our members the less they forget to renew their dues as this is always a major problem. This is why congresses are so important as this is the ideal moment for collecting membership combined with congress registration (an issue I brought up for some years already).

We have sent our individual invitations to all email addresses from our database and this with a direct link to the Flexmax system of our Medicongress website where a membership renewal form was made ready filled out with all data of each of our members individually. So no one still had to enter again all the date like it is the case with a lot of application forms that are to be filled out.

The first invitation was sent in December 2010 through our News & Views, followed by an individual mailing to 1724 addresses in our database. Only 231 persons have clicked on the link but not all have paid membership at that time.

Apart from that there was also a second email that was sent once again individually on February 23 to each non-member from the database and 184 have clicked on the link.
We have noticed that in total 415 members/ex members have clicked on the link in the email and have opened their individual ISPRM membership application form. However, 398 have renewed their membership until today.

We unfortunately cannot do more in order to push our individual members for membership renewal.

**National Societies** have all received the invitations for membership renewal as well. We received a lot of positive reply and also already a number of payments. Most national societies stick to the membership status they had the years before. We should insist that most national societies choose for the combined membership so that we can further develop our individual membership numbers.

It is important to understand that individual membership went up year by year (until last year -- non congress year - when there was a drop down) mainly thanks to the implication of the combined membership formula.

As usual we may expect a large increase in membership with the congress in June.

The membership committee should clearly put up a strategy in order to find ways for further membership increase. But as said before the easiest way is the combined congress registration/individual membership for 2 years formula.

I would personally like to thank our Regional Vice Presidents for their help in contacting the national societies.

**Finances**

See the tables that were prepared for the financial report of our treasurer. (part Finances of this Book of Reports) The year 2010 was not a successful year for the ISPRM finances. It was a non congress year and we had less income from membership. On top we had to pay the 2009 and 2010 invoices for the JRM. This all resulted in a negative balance of 19,415 Euro. However the ISPRM is still having a 169,884,18 Euro on the accounts and 143,436,57 Euro in the Trust Fund.

No objections or remarks were received on the budget for the year 2011 that was sent to the treasurer and has been approved during the Limassol Meetings.

**Website**

Remained still a problem for uploading files during 2010. This resulted in the initial withdrawn as an ISPRM member of the Dutch Society. We could however solve this problem. Uploading files on the website should go automatically and not manually every 3 months like it goes now. When someone becomes a member of the ISPRM we have to offer him the services and advantages immediately.

The language in which the website is written is not up to date to permit this kind of automation. We have in the past already informed several times on this issue and proposed solutions but we still are not allowed to work out this part of the website in detail. This must surely be part of the new management contract.

We really encourage the President’s Cabinet to take this point on top of their To Do List. Also the Audit has in all its previous as well as in the present report insisted on a better functioning of the website.

We requested the website designers to introduce a secure way for filling out the Contact us form that was now solved by entering a code after having filled out this form. This is to avoid the large number of spams we received through this means.

We also requested to make a second form especially for all questions related to the congress as we now receive daily requests that have to do with the congress. The info requested over this form should go directly to the congress organisers in Puerto Rico as we received hundreds of requests on the congress. However the web designers refused to produce this form.

**News & Views**

The last issue of the News and Views that was produced through the Central Office was in December. It is now in the hands of Walter Frontera who made a very attractive publication of this newsletter that now goes every two months instead of monthly before. This also due to the limited articles received.

We will further deliver the support for articles as well as congress survey.

**Journals**

Agneta Anderson from the JRM monthly transmits the content of the journal for publication in the News & Views.

**WHO**
Our WHO representative Christoph Gutenbrunner was permanently informed on WHO matters from the moment we received information. This was also copied to John Melvin and Gerold Stucki as well as all other members of the WHO committees. We have also filled out the necessary data on the website of the WHO.

**Workload at the Central Office**
We appreciate the recognition from the Assembly of Delegates with regard to the increased workload at the Central Office by accepting the increase for the budget provided for the Central Office for 2011. We should also highly appreciate an urgent solution for the website database coordination as this takes a burden on the ISPRM budget and expenses.

**Registration of the ISPRM**
We have done the full activity for having the ISPRM registered. The necessary document can formally be signed during the upcoming June 2011 ISPRM World Congress.

**Liability insurance**
We have examined this issue as well and insurance is possible except for US members (because of the high claims that exist in the US). We have proposed to use our general insurance from Medicongress covering damage up till 3 million euro and 1 million euro for personal damage. No further instruction has been received from the President’s Cabinet on how to proceed with this.

**OUR ADVISE**
In order to facilitate the structure of the ISPRM and increase membership and dues income, the ISPRM should have the following dues structure
- National Societies: only combined membership is possible
- Individual membership only for members coming from countries where the national society is not a member of the ISPRM or for members that are not a member of their proper national society.

The World Congress registration and abstract handling should go through the Central Office resulting in a stable scientific and financial structure of the congresses. As an additional advantage there is the fact that the Central Office is ideally placed for collecting membership together with the registration fee for the congress.

The ISPRM World Congress needs to have a special fee that includes ISPRM membership for one or two years (depending if the ISPRM World Congress is organised annually or biennially).

The above points will lead to a less cost for the activities of the ISPRM Central Office as they are combined with the congress handling. The money gained over here can be used for other activities through the Central Office.

It is now already 10 years ago that we made in Athens the agreement for handling the Central Office for the ISPRM. Unfortunately I do not see that much changed within the society, the group has grown dramatically and there is a real potential for developing this society really into the global leading PM&R society but the outcome unfortunately is that we still have to go for a long way in order to achieve this.

We need fresh and young blood and board members with the willingness (and the time) to engage themselves for the society. The prestigious position within the Board may not be important but the development of the society should be the major target.

The major problem of the ISPRM is the lack of financial means for further development of its activities and also development of the Central Office activities. It is nice to read the extended reports on what the Central Office should need to for future but in first place the funds must be there to pay for these activities. As informed at many occasions before, I also work already now for 10 years as a volunteer for this society just like you all.

The efforts should be made through the sponsorship committee and the congress to achieve this. All major organisations get their money through 3 sources being membership fees, sponsorship and congresses. Unfortunately the ISPRM only gets income from membership fees. Unfortunately we have to mention that in the last years we did not see any activity of the Sponsorship Committee.

A lawyer should go through the book I sent for registration of the society in Belgium and give his advice on the legal status of the society as well as on the insurance policy.

And last but not least try to appoint a secretary and/or treasurer that are located in the neighbourhood of the Central Office so that there can be an intensive collaboration and meetings in person in the profit of all parties.
Committee Reports

Report of the Audit & Finances Committee
John Olver

See report of the Treasurer

Report of the Awards Committee
Joel DeLisa

The Awards Committee did its work by e-mail. We want to thank those members who sent us nominations for the various awards. It is our pleasure to announce the following award recipients:

- Herman Flax Lifetime Achievement Award—Professor Zongyao Wu M.D.
- Sidney Licht Lectureship Award—Walter Frontera M.D., PhD.
- Haim Ring Memorial Award—Individual—Mark Young M.D.
- Haim Ring Memorial Award—Institutional—New York University (NYU) Rusk.

The Committee agreed that no committee member while serving is eligible to receive an ISPRM award.

We believe that the Haim Ring Memorial Awards should be chosen by the Faculty Student Educational Exchange Committee. They know the Institutions and Individuals who have been most helpful. This year we co-ordinated the selection of the awardees with them. If the Assembly agrees with this recommendation, then it should be added to the Policies and Procedures.

John Melvin has agreed to present these awards.

Report of the Bylaws Committee
John Melvin

1. Introduction
   a. The President and Executive Director of the International Society of Physical and Rehabilitation Medicine (ISPRM) requested that the By-Laws Committee prepare revisions to the By-Laws and Policies and Procedures that would enable the ISPRM to comply with Belgium laws as a Not-For-Profit entity. The Committee received correspondence that outlined the changes the legal consultants to the ISPRM considered necessary to achieve this goal.

   b. The ISPRM President requested that the Organizational Structural Task Force and the By-Laws Committee jointly prepare revisions to the By-Laws and Policies and Procedures that would (1) link the selection of the members of the Executive Committee to the regions and members they represent, (2) establish an Assembly of Individual Members, (3) designate how the Assembly of Individual Members will select its representatives to the Assembly of Delegates (AOD), (4) provide for collaboration with regional PRM societies (5) clarify the ISPRM geographic areas and (6) provide a process for discussion and approval of position papers.

   c. The By-Laws Committee submitted proposed language of these revisions for AOD consideration 90 days before its June 12, 2011 AOD meeting. This met the requirements of notice required in the current editions of the By-Laws and Policies and Procedures.

   d. The following sections of this report present these revisions. They occur in the order this report describes above in order to give the AOD the opportunity of voting on them separately and sequentially. They show the proposed changes using Microsoft Word Tracking.
2. By-Laws Committee Proposed Revisions
   a. Proposed revisions to qualify as a Not-For-Profit Organization in Belgium.
      i. By-Laws: see Appendix 1
      ii. Policies and Procedures: see Appendix 2
   b. Proposed revisions to link the selection of Executive Committee Members to the regions and members they represent.
      i. By-Laws: see Appendix 3
      ii. Policies and Procedures: see Appendix 4
   c. Proposed revisions to establish an Assembly of Individual Members
      i. By-Laws see Appendix 5
      ii. Policies and Procedures see Appendix 6
   d. Proposed revisions for Assembly of Individual Members to select its representatives to the Assembly of Delegates.
      i. By-Laws see Appendix 7
      ii. Policies and Procedures see Appendix 8
   e. Proposed revisions for collaboration with regional societies.
      i. By-Laws see Appendix 9
      ii. Policies and Procedures see Appendix 10
   f. Proposed revisions identifying the ISPRM geographic areas
      i. By-Laws see Appendix 11
      ii. Policies and Procedures see Appendix 12
   g. Proposed revisions for discussion and revision of position papers.
      i. Policies and Procedures see Appendix 13

(Please refer to the Appendices to this report included with the By-Laws 2011 and Policies and Procedures 2011 Sections)

Report of the Congress Committee
Guy Vanderstraeten

Congress committee: elected chairmen + congress president + ISPRM executive committee + scientific committee
Elected chairmen + congress president + ISPRM executive committee select scientific committee.
Scientific committee is a standing committee, 15 experts from each of the big ISPRM regions, 5 members from each region, raters should be experts in the respective field. Duration: 3 years; every year exchange of 5 members. Review of main topics of the congress. Selects review committee. Responsible for abstract review.
Review committee (Sub committee): Members have to be nominated by the scientific committee. 15 experts from each of the big ISPRM regions, raters should be experts in the respective field.

ISPRM executive committee has to be nominated for the congress according to the time of the congress (as elected by ISPRM by n=year)
1st meeting of congress committee at the ISPRM world congress, 2 years in advance of the planned congress

PROPOSAL
Requirements for application to hold the ISPRM World Congress 2016
Version 1: May 17, 2011

1. GENERAL
1.1 The ISPRM World Congress will until 2013 be held every 2 years. As of 2013 the congress will be organised annually. Previous ISPRM World Congresses took place in the following cities:

- 2001 Amsterdam, The Netherlands
- 2003 Prague, Czech Republic
- 2005 São Paulo, Brazil
- 2007 Seoul, Korea
- 2009 Istanbul, Turkey
- 2011 San Juan, Puerto Rico

The Upcoming ISPRM World Congresses are scheduled as follows:

- 2013 Beijing, China
- 2014 Cancun, Mexico
- 2015 Berlin, Germany

1.2 Application to hold the ISPRM World Congress 2016 shall be made by any active member national society or any individual active member, if fully sponsored by a national society, to the Central Office of the ISPRM.

1.3 The National Society applying to host the ISPRM World Congress must have fulfilled its membership dues in full during the last two years before the application and remain in good standing until the congress takes place.

1.4 The Local Organising Committee (LOC) will present a written yearly update about the congress on the occasion of the ISPRM Annual Meeting of the Assembly of Delegates and will also forward updates on the congress situation following any request made by the President or the Central Office.

1.5 A visiting committee can be appointed by the President at any occasion to evaluate the progress in the organisation of the congress. Travel and accommodation expenses of this visiting committee are on the congress budget.

1.6 The general lay-out of the Congress can be found in the attached “ISPRM Standards for World Congresses”.

1.7 Exhibition: an exhibition highlighting medical devices and tools as well as pharmaceuticals is to be organised in conjunction with the congress. Lunches and coffee breaks should be served within the exhibition.

1.8 Time slot for satellite symposiums and workshops by industry are to be foreseen in the programme of the congress but should not be in competition with the official congress programme and should be evaluated by the Congress Scientific Committee.

1.9 The local organising national society should make a contract with

- the ISPRM and it’s Central Office for registration and abstract handling
- a local organising company or Professional Congress Organiser in order to arrange the organisation of the congress. This contract must be approved by the ISPRM before it can be signed.

2. SOCIAL ACTIVITIES

A Welcome Reception should be organised in the congress centre immediately after the Opening Ceremony. This reception will take place in the Congress Centre and must be open for all registered participants and registered partners (included in the fee) and representatives of all sponsoring companies.

Dinner and evening for selected speakers and ISPRM Assembly members (on invitation).

The Official Banquet of the Congress should preferably be organised in an adequate venue. Registration for the banquet is NOT included in the registration fee of the congress. A limited number of guests for the Banquet can be determined in collaboration with the ISPRM President and its office.

3. CEREMONIES

An Opening Ceremony is to be organised on the Sunday evening starting at approx. 17 or 18.00 hrs. This official opening of the congress includes (short) speeches of the President of the LOC, President of the National Society, ISPRM President,
Invited Presidential lecturer, Local Politicians, Royalty etc. It is advised that speeches are mixed with classical or local music and culture. Integration of societies of disabled persons for these activities should be encouraged.

The Closing Ceremony will have less participants as the Opening Ceremony and will make an short description of the congress (number of participants, lectures) and introduce the new congress and its President. The different ISPRM awards as well as the specific congress awards are to be distributed during this ceremony. The Sydney Licht lecture is a special lecture of … Minutes to be given by the awardee during the congress. Time slot to be foreseen.

The LOC agrees to hold a meeting with the organisers of the next ISPRM Congress in order to provide in a smooth transition of all experiences between the ISPRM congresses.

4. Scientific Aspects

General Frame of the Congress: See report as presented by Prof Gutenbrunner and Prof Stucki for the Berlin 2015 congress. Congress days Monday, Tuesday and Wednesday full days and Thursday a half day
A maximum of 5 simultaneous sessions
Every morning a plenary session 08.30 till 10.00
Invited speakers: per simultaneous session: 1 invited
per plenary session: 3 invited
WHO session: to be worked out in conjunction with the WHO Committee Chair
Disaster Relief Session: to be worked out in conjunction with the Disaster Relief Chair and WHO Committee Chair

Scientific Committee constitution and turn over of its members: to be discussed by the congress committee in its next meeting in Puerto Rico.

Topics of the Congress: Proposal as made by Gerold Stucki and published in the JRM.
Timeline for abstract submission: Submission deadline: January 10
Reading and selection committee ready: February 28
Notification of authors: March 15
Programme available on the website: April 1st

Abstract reviewers should have a free registration in the congress.
Timeline registration fees: early fee till end of February = approx. 4 months prior to the congress
Abstract submitters can register at reduced fee until March 31st

4. FINANCES

4.1 All moneys collected by the LOC for the purpose of the ISPRM Congress together with the registration fees paid in respect of this congress and any subsidy paid by the ISPRM shall be applied by the LOC for the purpose of the international congress and the accounts thereof submitted to the Executive Committee and Board of Governors for final approval.

4.2 Any final positive balance from an international congress shall be distributed as follows: 50% for the national organizing national society and/or regional society (split % to be agreed between them) and 50% for the ISPRM, unless alternative arrangements because of special circumstances are made with the approval of the ISPRM Executive Committee.

4.3 Negative balances from international congresses shall not be the responsibility of the ISPRM.

4.4 A minimum amount of 100.000 Euro will be distributed to the ISPRM (also in case the congress should have less profit or even a loss).

4.5 A contract will be drawn up between ISPRM and the organising national Society/regional society. This contract should be signed not less than 3 years before the congress takes place by the President, Treasurer and Executive Director of ISPRM on the one hand and by the Chairman of the LOC and the President of the local hosting national Society/regional society on the other hand.

4.6 The LOC shall be responsible to the Executive Committee and the Assembly of Delegates for all the arrangements of the ISPRM Congress as well as for the provision of facilities for the meetings of the President's Cabinet, Executive
Committee, Assembly of Delegates and any ISPRM Committees. The LOC shall refer by way of the Secretary of the ISPRM and the Executive Director to the Executive Committee for advice and guidance.

4.7 Members of the Presidents Cabinet and Executive Committee of the ISPRM as well as the Executive Director should have a free registration in the congress and the Official Banquet and will also be reimbursed for travel costs (economy class) and accommodation. Members of the ISPRM Assembly of Delegates should receive a free registration in the congress and the Official Congress Banquet.

4.8 Congress Registration Fees:
   4.8.1 Registration fees should be in relation to the fees charged for the previous ISPRM Congresses and in relation to the fees that are applicable for similar congresses in the region where the congress takes place.
   4.8.2 Reduced fees for students and trainees are to be provided as well as for disabled persons.
   4.8.3 Funds are to be collected in order to offer free/reduced registrations to participants from third world and developing countries.

4.9 Costs for the congress for ISPRM-related activities by the Executive Director and the Central Office are to be borne by the congress budget.

4.8 Reduced Fees and ISPRM membership: Each participant registering in the congress as a non ISPRM Member will be charged a congress registration fee including a one year ISPRM membership (value 35 Euro in 2011 and to be adapted accordingly to the annual membership quotation). This will be charged automatically included in the registration fee.

5 VOTING PROCEDURE & VENUE SELECTION

5.1 Voting rights: All members of the Assembly of Delegates have voting rights if they are in good standing. At this moment approx 100 persons do have voting rights (see www.isprm.org).

5.2 The city that will be selected needs to obtain the majority of the votes (51%). This may possibly only be obtained after different voting rounds. The city with the least votes in each round is being dropped. Voting will be secret and will be organised by the Executive Director and the ISPRM Secretary. The winning city/country will immediately be announced after the voting.

5.3 The selected city will be visited by at least one member of the Board and/or the Executive Director in order to check if the city, hotels and congress location meets the ISPRM requirements and if they are fully accessible for disabled persons. All costs related to this visit (flight, stay and remuneration of the Executive Director for the days he/she spends) are to be borne by the LOC.

5.4 The selection of the city is only final after a positive advice from the visiting committee. If not appropriate the organisation of the congress will be assigned to the country voted in second position (if positively evaluated after the site inspection).

5.5 The following procedure will be followed in the selection of the venue for the 2016 ISPRM World Congress:

- The ISPRM Central Office will send out this document to all national societies and individual members by January 2012.
- An official letter or email should be sent to the ISPRM Central Office announcing the interest in bidding for the ISPRM 2016 World Congress. This letter or email should reach the Central Office by June 30, 2012 at the latest.
- In order to support their candidature, cities are required to submit a bid book containing information about the airport, local transport, city, congress halls and exhibition area, hotels, social venues, VAT and tax regulations, visa requirements (free access to all nationalities), other congresses that took place in the city and all other points of interest for the Congress.
- This bid book must also contain a first budget including the confirmed costs of the congress venue and the confirmed rates hotels will charge for the period of the congress.
- The bid book needs to be sent electronically to the ISPRM Central Office who will post it on the ISPRM website so that all ISPRM Members with voting rights can have access to it at least 4 weeks before the day the election meeting takes place. Therefore the bid book should be received by September 15, 2012 at the latest.
- The voting will take place during the Assembly of Delegates meeting in November 2012 in conjunction with the AAPM&R Congress in Atlanta (15-18 November).
The winning city/country will be officially announced during this Assembly of Delegates.

6 MANDATORY

Please focus in the bid book and the presentation on accessibility for disabled people in all venues that are selected for the congress.

The above requirements are part of the contract between ISPRM and the local organisers.

Report of the Education Committee

Andrew Cole

The following paragraphs are a brief report of the activities of the Education Committee of the ISPRM, in continuing its very active role in the life of the Society.

1. Meetings

   The ISPRM Education Committee (ISPRM-EC) met before the main ISPRM meeting, and the meeting was chaired by Prof Marta Imamura. Unfortunately attendance was very few (six members only), but the progress on core curriculum documents was discussed, and these were reviewed and approved by the ISPRM-EC. Proposals for further long-distance education events (web-based seminars or “Webinars”) were tabled by the Chair, and endorsed by the ISPRM-EC as a means of enhancing education offered by individual members’ countries. A distance education program for developing the skills of younger researchers from the Member Societies of ISPRM was tabled by the Chair, and was endorsed by the ISPRM-EC. The IPSRM-EC agreed that a new focus of work going forwards would be to start developing undergraduate (medical student) curriculum for Physical & Rehabilitation Medicine.

   b. Seattle, USA, 2010-11-05.

   Because many ISPRM-EC members not attending in Cyprus were from the Americas, an informal meeting was held of other committee members attending the AAPMR Seattle Congress, chaired by A/Prof Andrew Cole, and attended by Prof Imamura on the telephone. The aim was to inform members of outcomes of the Limassol meeting six weeks earlier. Members present in Seattle supported earlier decisions taken.

2. Membership

   a. Chairmanship – the ISPRM BOG meeting in Limassol approved that A/Prof Andrew Cole succeed Prof Imamura as ISPRM-EC Chair from October 2010. Prof Imamura has very kindly continued her intensive involvement in educational matters until now.

   b. Active Membership – following Prof Joel DeLisa’s charge to all Committee members at the Bruges ISPRM meeting in 2008, that inactive membership is useless and ineffective, the ISPRM-EC will now ensure that all individuals who are involved will display active participation in meetings and electronic communications.

   c. New Members – Prof Peter Lim (Singapore) and Prof Henry Lew (USA) have indicated interest to join the ISPRM-EC as active members, and the Chair has accepted their nominations.

   d. Current office-holders of the ISPRM-EC:

      i. Committee Chair : A/Professor Andrew Cole (Australia);

      ii. Past Committee Chair: Professor Marta Imamura (Brazil).

3. Activities in 2010/2011

As well as holding the extra informal meeting in November 2011, the “Webinar” program has continued, with a recent meeting webcast from Boston and Sao Paulo on May 3-4 2011, depending on attendees’ time-zones. Topic was “Sample size determination in research” and there was active attendance and good participation from colleagues in the Americas, Europe, Asia and Australia.
Nominations have been received from ISPRM Member Societies for the younger researcher distance education program, which has also commenced.

Contributions requested have been received from specific individuals with information about undergraduate P&RM (medical student) education, and a draft discussion paper on the topic has been jointly prepared by the Chairs of the ISPRM-EC and AOSPRM-EC, for work to be undertaken at the Puerto Rico ISPRM-EC meeting.

4. **Focus Activities in 2011/2012**

The primary focus in 2011/2012 is planned for development of the undergraduate P&RM curriculum. This is a much more complex task than the preparation of core curriculum documents for residency training, as the range and scope of medical school curricula are very diverse, and many medical schools do not have any teaching time in P&RM at all.

A different model of flexible curriculum design is called for in these circumstances, and the design is every bit as important as the actual content. If we do not get this correct, many medical students will continue to have no exposure to P&RM in their formative years, with the consequence that many will not think of P&RM as a career choice, when they consider residency training options.

The secondary focus remains on review, maintenance and continuous improvement of the residency core curriculum, and continuation of the distance educational and web-based activities.

I propose further face-to-face meetings of the ISPRM-EC as possible in late 2011, mid and late 2012, the last coinciding with the November Atlanta ISPRM/AAPMR meeting.

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**Report of the Int. Education and Development Fund**

**Joel DeLisa**

The Committee has not meet since the October 2, 2010 Limassol, Cyprus Board meeting. Hence, we do NOT have a specific report for the Puerto Rico Board meeting.

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**Report of the International Experts Exchange Committee**

**Bryan O’Young, Mark A. Young, Amparo Assucena**

**Background:**

The International Experts Exchange Committee of the ISPRM, also known as Faculty-Student Exchange Committee, was established in 2002 due to the recognition of then President John Melvin (USA) and President-elect Haim Ring (Israel) that promoting international education was a logical extension of the ISPRM’s mission to spread rehabilitation expertise internationally. With the encouragement of the ISPRM Board, the new committee was appointed with physiatrists Peter Distler (Australia), Luigi Tessio (Italy) and Mark Young (USA) as its founding leaders. The committee was inspired by luminaries within the specialty who envisioned a global educational agenda including Dr. Herman Flax, Dr. Mathew Lee and many of the current senior members of the ISPRM.

The committee’s first chair was Australian Peter Distler who after a brief stint, was succeeded by Dr. Mark Young for two terms. The exchange committee subsequently saw significant expansion with a substantive increase in the number of placements across all continents. Many new academic institutions agreed to serve as hosts and as sponsors. In response to several different global humanitarian disasters and crises, the committee and its exchange placements dedicated itself to relief work under the humanitarian banner “operation functional recovery” which sponsored activities during several international humanitarian crises including hurricane Katrina (reference web site) and the Chinese earthquake. The committee’s most recent chair is Dr. Bryan O’Young.

The International Exchange Experts Committee serves primarily as a central clearing house for international educational and humanitarian opportunities in Physical & Rehabilitation Medicine by placing medical students, residents, faculty physicians and allied rehabilitation professionals in global voluntary didactic and public service rotations. The committee tracks the progress and outcomes of these rotations as well as the successes of its other educational initiatives. To coordinate its initiatives, the International Experts Exchange Committee interfaces with other educational rehabilitation organizations as well as relevant ISPRM committees and shares information about global PRM educational opportunities with ISPRM membership. (Please see the committee website for more information, [http://isprm-edu.org/](http://isprm-edu.org/), or refer to the ‘specific activities’ listed in the appended ‘Promoting Global Physical & Rehabilitation Medicine Educational Exchange: ISPRM Faculty-Student Exchange Committee’ (NEWS LETTER NO. 2 – 2007, Journal of Rehabilitation Medicine).
Annual Report
Since the last official report to the ISPRM Governing Board at its annual meeting in Limassol, Cyprus in 2010, the ISPRM Exchange Committee has continued its mission of placing physiatrists and students in didactic rotations as well as serving as an information resource and diplomatic channel for advocating educational and humanitarian opportunities in Physical & Rehabilitation Medicine globally.

Within the past year, the committee has processed 30 inquiries from prospective international rotators (100 since committee inception) Please see attached revised list of Rotation Sponsoring Institutions

SELECTED VISITATION & DIDACTIC ROTATION PLACEMENTS
(Committee 2009 through May 2011)

USA (originating) Placements (2010 – May 2011)
1) Dr. Suzanne Gutierrez, a 4th year resident from New York University spent a 2 week rotation with Dr. Marta Imamura at the University of Sao Paolo (2011)
2) Dr. Jackson Cohen, a medical student placed in a one month rotation in Hospital Hospital de L’Esperança in May 2010 (see testimonial below)

International Placements to US (2010- May 2011)
1. Dr. Maria Fernanda Rojas, a Physical and Rehabilitation Medicine resident from Spain, visited Mount Sinai Dept. Of Rehabilitation Medicine (one month) and American College of Podiatric Medicine (one month) as an academic observer in New York 2011
2. Dr. Patrick He from Sichuan, China visited Moss Rehabilitation as an academic observer for 6 months. 2010-2011
3. MS Suchita Mehta, student from Bombay, India visited NY (NYCPM) 2010

International Visitations to New York University-Rusk Institute (2009-May 2011)
Guiqin Song, Vice-chair, Dept. of Rehabilitation Medicine, Beijing Electric Power Hospital academic observer for one year (2010-2011)
Dong Feng Huang, MD, Professor & Chair, Dept. of Rehabilitation Medicine, Sun Yat-sen University First Hospital academic observer for one year (2010-2011)
Shanli Yang, MD, Dept. of Rehabilitation Medicine, The Second People’s Hospital of Fujian Province, Fujian, China – academic observer for 6 months (2010)
Haining Ou, MD, Dept. of Rehabilitation Medicine, Guangzhou University of Traditional Chinese Medicine – Second Hospital-academic observer for one year (2009-2010)

Bin Shu, MD, Director of Dept. of Rehabilitation Medicine, Daping Hospital, Third Military Medical University, Chongqing, China (2010)
Mouwang, Zhou, MD, Professor and Chair, Dept. of Rehabilitation Medicine, Peking University Third Hospital (2010)
Jericho Dela Cruz, MD, Dept. of PM&R, University of the Philippines, Manila, Philippines (2010)
Domenico Uliano, MD, Professor & Director of Rehabilitation Medicine, ASREM – Campobasso, Italy (2009)

Jianan Li, MD, Professor, Dept of Rehabilitation Medicine, Jiangsu Province Hospital, Nanjing Medical University, Nanjing, China (2009)
Aydan Oral, MD, Dilsad Sindel, MD, Demirhan Diracoglu, MD, Sansin Tuzun, MD, Banu Kuran, MD (Group visit) Turkey(2009)

Rotation Sponsoring Institutions
- Hospital for Joint Disease, New York University, New York, New York
- Hospital for Special Surgery, Cornell University, New York, New York
- Johns Hopkins Hospital, Baltimore, Maryland
- Kernan Hospital, University of Maryland, Baltimore, Maryland
- Kessler Neuromuscular Program, UMDNJ Hospital, Newark, New Jersey
- Maryland Rehabilitation Center, The Workforce & Technology Center, State of MD, Baltimore, Maryland
- Moss Rehabilitation Research Institute, Philadelphia, Pennsylvania
- Mount Sinai School of Medicine, New York, New York
- New York College of Podiatric Medicine, New York, New York
- Parker Jewish Institute for Health Care& Rehabilitation, North Shore-LIJ Health System, New Hyde Park, New York
- Rusk Institute of Rehabilitation Medicine, New York University, New York, New York
- Sinai Hospital of Baltimore, Baltimore, Maryland
- Thomas Jefferson University, Philadelphia, Pennsylvania
In an effort to fully reflect the extent of international educational exchange as well as to acknowledge individual society participation, the committee kindly requests that it be notified of educational exchange activities independently conducted by national societies and by individual institutions. This information can be forwarded to the committee chair at oyoungb@gmail.com. This will help to capture information for the ISPRM Exchange Committee central data registry so that all members of the ISPRM can be informed.

Publications
Committee members have been encouraged to publish on matters related to international exchange. To encourage international educational exchange participation, Dr. O’Young has published an article "International Rehabilitation Medicine: Entering a Global World" emphasizing the significance of international rehabilitation medicine. To encourage international humanitarian exchange, Dr. O’Young, Dr. Young, Dr. Ang-Muñoz and Dr. Bundoc have published an article on "Physical Medicine and Rehabilitation: International Response to Disaster".

Agenda for the Coming Year
- Establish a list of participating institutions and their requirements from around the world to be placed at the ISPRM website
- Continue placement of rehabilitationists in global didactic and humanitarian rotations
- Continue implementation of a sponsoring faculty and host institution ‘recognition program’
- Expand recognition of international educational exchange by tracking individual society efforts to independently coordinate placements and to host foreign physiatrists at educational forums

Testimonial of ISPRM Exchange Committee Participant
From Spain to US
New York College of Podiatric Medicine & Mount Sinai PM&R Department, New York City
March-April 2011
Maria Fernanda Rojas, M.D

I was born and raised in Venezuela where I attended medical school before deciding to move to Spain to complete my residency in physical medicine and rehabilitation. I am currently in my last year of PM&R residency in Barcelona, Spain; and was fortunate to organize an observership for two months in New York City. I have seen three different ways of practicing medicine, or perhaps three different approaches based primarily on the available resources. I hope to combine all of the positive experiences I have had from these three different places to practice medicine in my professional life.

The first rotation of my observership in NYC was at the New York College of Podiatric Medicine (NYCPM) where I focused on the orthopedic and biomechanical approach towards the evaluation of the lower extremities, as well as gait analysis, in both children and adults. This has helped me better understand and examine the musculoskeletal system which I can apply to my daily clinical practice as a rehabilitation doctor. My second rotation was at Mount Sinai Hospital in the PM&R residency program for one month. I rotated through the spinal cord injury ward, traumatic brain injury ward, musculoskeletal rehab clinics, and general rehab clinics. Each of these rotations was very educational and beneficial for my future career.

During my experience in NYC, I have seen that in order to compete in the USA private healthcare system, doctors have to offer the best procedures and technology available to their patients at the time. I enjoyed how doctors explain the diagnosis and possible treatment options to all of their patients here and how the patients are actively participating in every step of the medical process. I was also impressed with all the procedures regarding pain management that have developed within the field of PM&R.

However, what I liked the most during my two month observership in NYC is the multiculturalism in the city that is also well reflected in the practice of medicine everyday; this allows physicians the opportunity to evaluate and treat people of all races and religions as well as combine occidental with traditional medicine.

I want to take this opportunity to thank the staff of NYCPM and Mount Sinai PM&R department for their guidance and supervision during my rotation experience from March-April 2011, and for taking the time to share their expertise and knowledge of the field.

I also want to thank Dr. Bryan O’Young, Chair of the ISPRM international exchange program committee and Dr. Mark Young, former Chair of the ISPRM international exchange program committee, for helping me complete the rotation at the NYCPM and Mount Sinai.

I have gained valuable insight into the physical exam, diagnosis, and treatments regarding rehabilitation medicine in the USA. This knowledge and experience will help me, without any doubt, in my daily clinical practice.

Once again, thank you for a great rotation experience.
References:

Report of the Membership Committee
Leonard SW Li
No report available

Report of the Nominating Committee
Joel DeLisa
The Committee has not meet since the October 2, 2010 Limassol, Cyprus Board meeting. Hence, we do NOT have a specific report. However, we will be very active next year.

Report of the Publications Committee
Walter Frontera

I. The mission, goals, and composition of the Publications Committee and its sub-committees are as follows
The President of ISPRM with the approval of the Executive Committee shall appoint a Chair and members of a Publications Committee. The Committee shall assume oversight of the official publications of ISPRM.

A. Goals:
a. To oversee and coordinate the operations of the ISPRM publications including the Website, Newsletter, and Journal(s).
b. To suggest content for the “News & Views” electronic newsletter and website
c. To liaise with the Chief Editor(s) and Editorial Board(s) of the Official Journal(s) of the Society.

B. Structure and organization
The Committee will have one chair and be divided into 3 sub-committees, each with a chair. Each sub-committee will have responsibility for one of the 3 important publications of the Society; Newsletter, Website, and Journal(s). Each sub-committee will have sufficient members to represent different countries and regions of the World. The Committee will maintain close cooperation with the Regional Vice Presidents in order to collect material from their Regions. The Chair will prepare and submit an annual report regarding the Committee’s activities to the Executive Committee and/or Board.

C. Membership
Members of the Publications Committee will include those assigned to coordinate the activities of each of the three methods of communication. The number of Committee Members can vary depending upon the needs of the Committee. The Committee members must try to find and encourage colleagues from their countries or regions to send information of activities to the Newsletter and website. The sub-committees will co-operate with the Secretary General and the Executive Director of ISPRM to disseminate information about the ISPRM.

The NEW members of the sub-committees are:

1. Website
Nachum Soroker - Chair
Andrew Haig, Marta Imamura, Deog Young Kim, Leonard SW Li, Yaron Sachar, Mark Young

2. News & Views
Nicholas Christodoulou – Chair
Randall Braddom, Jorge Lains, Jianan Li, Leonard Li, Anton Wicker

3. Journal
Franco Franchignoni – Chair
Walter Frontera, Stefano Negrini, Marcelo Riberto, Dahong Zhou, Gunnar Grimby – liaison with JRM
II. Highlights of activities
The membership of the sub-committees was appointed (see above). The following is a brief summary of the work of the sub-committees.

A. Website (Please refer to a more detailed accompanying report on this book)
   1. The new News & Views has been posted since January 2011
   2. Technical updates have been completed.
   3. Regular review of content by Chair of Sub-committee and members

B. News & Views
   1. A new format has been implemented.
   2. Two issues have been published in 2011, posted on the website, and distributed electronically. N&V will continue to be published bi-monthly.
   3. More educational content has been included.

C. Journal
   1. A new contract (2009-2012) was negotiated with the Journal of Rehabilitation Medicine for electronic access based on a fee for a certain number of members. To assess the use by members, the number of visits will be counted and a member satisfaction survey will be conducted.
   2. Policies and guidelines for journals who want to be associated with ISPRM have been developed and approved by the Board of Governors.
   3. A total of four journals with international circulation have submitted an application to become official journals of ISPRM. These applications will be discussed in San Juan, Puerto Rico.
   4. The abstracts of the ISPRM Congress in San Juan, Puerto Rico will be published in a special issue of the Journal of Rehabilitation Medicine.

Report of the Sponsorship Committee
Jorge Lains

The financial issues are paramount for the success and future of any Society, namely for ISPRM. We need to obtain incomes from sources other than the Membership fees. The World Congress also needs to become a better way to solve our economical issues.

Until now, the Sponsorship Committee wasn’t successful in this task, probably because we need further develop an extensive and comprehensive “road map” aiming this issue. The Sponsorship Committee will have in Puerto Rico a meeting to finalize the solutions appointed by the Limassol Sponsorship Committee, as approved by the BOG (AD).

The Committee is working and will discuss in this meeting:
- proposal for “global” ISPRM sponsorship:
  - Major (or Diamond) Sponsor;
  - Gold Sponsor;
  - Silver Sponsor;

(All depending on a new congress contract between ISPRM, including the Central Office under a new management contract, and the Congress Local Organizer and National and Regional Societies).

- proposals for sponsorship of the website and News & Views;
- “sponsorship tasks” to be included in the new Management contract for the ISPRM Central Office/Executive Director;

At this moment we succeeded on contacting a major international firm, interested in sponsoring ISPRM, on a global level. Final proposals will be presented in the Puerto Rico ISPRM Assembly of Delegates.

Report of the WHO Committee
Christoph Gutenbrunner
After the election of a new chair of the WHO Liaison Committee in October 2010 the committee was restructured and *five subcommittees* have been established (see Fig. 1):

- **Disaster Relief Subcommittee** (*Chair*: Li Jianan, China);
- **Implementation of the International Classification of Functioning, Disability and Health Subcommittee** (*Chair*: Marcelo Riberto, Brasil);
- **Implementation of WHO World Report on Disability Subcommittee** (*Chair*: Alessandro Giustini, Italy; *Vice Chair*: Peer van Grote, Switzerland);
- **Implementation of UN Convention on the Rights of People with Disabilities Subcommittee** (*Chair*: Martin Grabois, USA);
- **Strengthening Medical Rehabilitation Subcommittee** (*Chair*: Christoph Gutenbrunner (Germany)).

The committee's tasks and policy have been described in the News & Views article “Developing the International Society of Physical and Rehabilitation Medicine (ISPRM) - Following through” (Authors: Stucki G, Reinhardt JD, Imamura M, Li J, De Lisa JA) as follows:

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**Enhancing the ISPRM Policy Process and Agenda in collaboration with WHO**: To host the expanding policy agenda in collaboration with WHO and other rehabilitation organizations in official collaboration with WHO, ISPRM has expanded its WHO Liaison Committee, which now has 5 sub-committees. The sub-committees and their tasks according to the WHO-ISPRM work plan are shown in Figure 1.

**International Relations and the implementation of the UN Convention on the Rights of Persons with Disabilities**

The Sub-Committee on International Relations and the implementation of the UN Convention on the Rights of Persons with Disabilities will utilize and take as a model the existing relations of ISPRM with the DAR (Disability and Rehabilitation Team) Professional Organizations Network. This network involves the World Confederation for Physical Therapy (WCPT), the World Federation of Occupational Therapists (WFOT) and the International Society of Prosthetics and Orthotics (ISPO). The ISPRM Sub-Committee will seek to establish relations and work plans with other organizations in official relation with WHO including Rehabilitation International (RI) in order to facilitate the implementation of the UN Convention on the Rights of Persons with Disabilities.

**Implementation of WHO’s World Report on Disability and WHO’s SCI-specific report IPSCI (International Perspectives in Spinal Cord Injury)**. The upcoming publications of the World Report on Disability and Rehabilitation and the subsequent SCI-specific report IPSCI (International Perspectives in Spinal Cord Injury) in 2011/2012 provides us with the unique opportunity to strengthen PRM and rehabilitation in general. The Sub-Committee on the Implementation of the reports will, in close collaboration with WHO’s DAR (Disability and Rehabilitation) team and its Professional Organizations Network (including ISPRM, WCPT, WFOT, ISPO), establish dissemination channels for the reports and develop strategies for their implementation and evaluation. (see Table 2)

**ICF Implementation**. The ICF (International Classification of Functioning, Disability and Health) Implementation Sub-Committee is currently exploring possibilities for the system-wide implementation of the ICF for the provision of rehabilitation services in cooperation with current initiatives in a number of member societies. The sub-committee is also supporting the work of ISPRM’s President who serves as Chair of the Functioning Topic Advisory Group and member of
the Revision Steering Group of the ICD11 revision which is currently in its alpha draft version. Current tasks include 1) a review of the current state of the implementation of ICF in PRM practice, service provision and policy making; 2) a concerted ISPRM effort to contribute to the improvement of the ICF through evidence-based proposals in the soon to be opened WHO-ICF update platform; 3) the development of ICF Core Set-based scoring systems and measurement instruments; 4) the development of ICF Core Set manuals for practice and service provision; 5) the development of models on how to use the ICF in the planning of clinical and cohort studies focusing on functioning and disability; 6) the development of author guidelines on how to use the ICF in the reporting of studies.

**Rehabilitation Disaster Relief.** Based on the experience of ISPRM members in recent earthquake disasters in China in 2008 and Haiti in 2010, ISPRM has established the Sub-Committee on Rehabilitation Disaster Relief within its WHO Liaison Committee. Over the next two years, the Sub-Committee is developing a rapid rehabilitation response plan which will enable ISPRM to serve as a catalyst of immediate PRM services in case of disasters. The Rehabilitation Disaster Relief Sub-Committee’s mission is to effectively focus the resources of ISPRM and its members to optimize health, functioning and quality of life of persons who sustain injuries or impairments after large-scale natural disasters. In the course of the 2011 ISPRM World Congress in Puerto Rico, a symposium on the issue of rehabilitation after natural disaster is planned including the publication of a special or integrated supplement in ISPRM’s official journal, the Journal of Rehabilitation Medicine.

**Strengthening Medical Rehabilitation.** The Sub-Committee on Strengthening Medical Rehabilitation is developing a proposal to endorse conceptual, ICF-based descriptions of 1) rehabilitation, a health strategy as well as 2) the medical specialty of PRM. The Sub-Committee can herein build on developments initiated by the Professional Practice Committee of the UEMS (European Union of Medical Specialists) in 2007 which led to the approval of revised proposals by the UEMS section as well as ESPRM (European Society of Physical and Rehabilitation Medicine) in 2010. All members of ISPRM are encouraged to contribute to the discussion towards an international consensus by writing a letter to our official journal, the Journal of Rehabilitation Medicine, or by writing to the chair of the WHO Sub-Committee on Strengthening Medical Rehabilitation (for the address please consult ISPRM’s webpage). The Sub-Committee on Strengthening Medical Rehabilitation is also developing a conceptual framework for rehabilitation services within the broader context of health services provision. Ultimately, this effort should lead to a convergence of our understanding of optimal service provision along the continuum of care, across sectors and over the lifespan. The taxonomy will be useful for the development and evaluation of rehabilitation services as well as policy recommendations.

Based on this policy for each subcommittee a working agenda is under discussion. The working plans will be discussed and adopted during the Puerto Rico committee workshops.

Three of the sub-committee already started with very concrete work:

- **Natural Disaster Relief Subcommittee:** Organisation of a scientific session at the occasion of the ISPRM World Congress in Puerto Rico
- **Implementation of the World Report on Disability Subcommittee:** Participation in the Launching Event of the World-Report of Disability, held in New York in June 2011. A session about this topic will be held at the ISPRM World Congress in Puerto Rico;
- **Developing Medical Rehabilitation Subcommittee:** Revision and submission for publication of the ICF-based conceptual descriptions of the rehabilitation strategy and of Physical and rehabilitation Medicine (accepted for publication in J Rehabil Med)

The **Implementation of the UN-Convention of Persons with Disabilities Subcommittee** is planning a joint workshop with Disability International at the occasion of the American Congress for Rehabilitation Medicine in November 2011. The Chair and the Secretary of the Committee will participate in the **meeting of WHO-DAR with NGOs active in the field of rehabilitation** held in Geneva in End of June 2011, discussion and defining the strategy for the upcoming month and years. A **new working routine** will be established starting the Puerto Rico congress. A joint meeting of all sub-committee chairs together with the Chairman of the Committee and the secretary will define the working plan. Hereafter the subcommittees will meet in separate workshops. The results of these workshops will be presented and discussed in a plenary session at the end. This will ensure productive work and high level of consensus in the results. In between the meeting email and phone meetings as well as some face-to-face-meeting for special topics need to be organised (see above). For these activities some financial support from the society will be needed in future.
WHO Subcommittee on the World Report on Disability (WRD) and International Perspectives on Spinal Cord Injury (IPSCI) Implementation
Per von Groote


The World report on disability addresses the need for better research and data on disability. It will include the first update of WHO's disability prevalence estimates for more than thirty years. The World report on disability also explores current evidence about disability, including on discrimination and barriers, identifies needs and provides an analysis of what works to improve the lives of people with disabilities in the areas of health, rehabilitation, support services, information, infrastructure, transportation, education and employment.

ISPRM has contributed considerably to the report and was present at the launch and as an organization in special relation with WHO will also take part in the partners meeting on June 27/28th. Being aware of its significance for the shaping of the world health political agenda for rehabilitation in the coming 10 years, ISPMR has established and specifically tasked a WHO Sub-Committee with the dissemination and implementation of this milestone publication. The Sub-Committee will be headed by Prof Dr Alessandro Giustini, assisted by his Co-Chair Per Maximilian von Groote.

The Sub-Committee’s Chair and Co-Chair met with the ISPRM President Prof Gerold Stucki, the Chair of the WHO Liaison Committee Prof Christoph Gutenbrunner and the WHO Committee Secretary Dr Jan Reinhardt in January of this year to discuss first ideas on the WRD and related IPSCI dissemination and implementation. A first rough draft of a dissemination and implementation plan will be discussed at the inauguration meeting of the Committee on Monday 13th June of this year’s Puerto Rico congress.
The Assembly of Delegates is the sounding board and foundation of any plans and efforts in trying to best utilize the WRD to establish global health political awareness on the core of PRM’s principles. The perception of rehabilitation will inevitably be linked to ISPRM and its role in defining the associated systems and services for the people and delivery of in close collaboration with the allied health professions.

The National Societies face equal challenges in best utilizing this World Report on the national level as does ISPRM on the international. After June it will not only be about diffusing and implementing the reports contents and aims, but also in supporting PRM’s role as it can be utilized as one distinguishable factor in concretizing/enhancing disabled people’s rights. ISPRM thus suggests to realize events and any other activities in line with this rationale. A National Delegate on the Sub-Committee could serve as the link, having met and discussed activities with fellow committee members at the Puerto Rico Congress. This would offer indications and suggestions on behalf of ISPRM to your National Society to meet this opportunity and at the same time help maintain a strong global interconnectedness.

We hereby cordially invite you to the ISPRM WHO Sub-Committee on the World Report on Disability (WRD) and International Perspectives on Spinal Cord Injury (IPSCI) Dissemination and Implementation. The committee will meet in person at this year’s World Congress in Puerto Rico. All other duties will be coordinated via the internet and telephone. Representation at special events or meetings as part of the committees working plan will be coordinated within ISPRM and its partners and will be individually decided and assigned. The strength of the committee and its activities lies in the dedication of its members. We look forward to your enthusiasm for this endeavor.

Liaison Officers’ Reports

Report of the AMLAR Liaison Officer
Matilde Sposito
No report available

Report of the Bone and Joint Decade Liaison Officer
Nicolas E. Walsh
See presentations posted on our website

Report of the European Society and UEMS Liaison Officer
Xanthi Michail
No report available

Report of the Historian of the ISPRM
Martin Grabois
I took over as Historian at the conclusion of the Interim Meeting in Cyprus in September 2010. Dr. Jimenez did not attend the meeting but provided a report of the past year.

I communicated with Werner for the following information:
- Leadership respond with recommendations
- Announcement in Newsletter for volunteers
- Consider Exec officio committee members not part of ISPRM including Alana Officio WHO, Venus Ilagen, RI Ex Director
- Suggested members (not contacted yet) included Maria Amparo Assuncena, Mark Young, Nicholas Christodoulou, Juan Gonzalez.

I spoke with Jose Jimenez to get his input.

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<td>2) Appt members of Comm</td>
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<td>3) Develop Action Plan</td>
<td>Committee</td>
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I plan to continue this procedure.

Report of the Mediterranean Forum Liaison Officer
Nicholas Christodoulou
No report available
Report of the Liaison Officer to the Osteoporosis Societies
John Melvin

The International Society of Physical and Rehabilitation (ISPRM) liaison to the National Osteoporosis Foundation (NOF) is John Melvin. He serves on the Interspecialty Medical Council (IMC) of the NOF as the representative of the International Society of Physical and Rehabilitation Medicine (ISPRM).

The National Osteoporosis Society is a consumer and community-focused health organization with the goals of:
- Prevention of osteoporosis and broken bones
- Promotion of strong bones for life
- Reduction of human suffering through programs of:
  - Public and clinical awareness
  - Education
  - Advocacy
  - Research

Through its membership on the NOF Interspecialty Medical Council, the ISPRM participates in supporting public health policies, awareness programs, research funding and guidelines for bone health. There have been no specific projects of the NOF in which the ISPRM has participated in the last year.

The following are the recommendations of the 2010-2012 Liaison to the NOF:
1) The ISPRM should continue as an associate member of the NOF.
2) John Melvin should continue as the ISPRM representative to the NOF IMC.

Report of the Rehabilitation International Liaison
Martin Grabois

RI continues to strive to obtain universal approval of the UN Convention on Rights of People with Disabilities with increasing number of countries approving it. It continues to support organizations that represent people with disabilities worldwide.

I sat on the Exec Committee as Treasurer. We recently met in Inchon Korea and a verbal report will be provided. The next meeting of the Exec Comm and Assembly is in Sai Polo Brazil in the Fall of 2011 with a World Convention in the fall of 2012 in Inchon Korea.

I continue to try to forge a stronger alliance between RI and ISPRM especially in relation to the WHO subcommittee on International Relationship and UN Convention.

Report of the Subsaharian Africa Officer
Andrew Haig

Purpose:
There are only 7 known PRM specialists to serve 750,000,000 people living in subSaharan Africa. Since the region is not adequately served or represented in ISPRM, this special liaison role has been developed. The goal is to expand the field to this large underserved continent.

Motions:
1. The SubSaharan Africa Liaison position should be continued until such time as SubSaharan Africa has sufficient membership and national or regional organizations to warrant development or a regional representative on par with the European, Asian, North American, South American, and Middle Eastern representatives.
2. During any time that the SubSaharan liaison is not a PRM specialist practicing in Africa, he or she must name an African physician or allied health professional to act as a local advisor.
Strategic plan:
While I have worked to be all inclusive in supporting work all over Africa, inroads will only be made by working on specific problems and developing Africa-centered demonstration projects. Ghana has been the primary demonstration and research site. This is because Ghana is a relatively stable country seen as a leader in many African policies. The ISPRM strategy has been less about providing volunteer clinical services and more on research, education, leadership, and policy.

Research:
Some of the work in Africa will be presented at this ISPRM conference. Papers include:
• Christian A, Haig AJ, Gonzalez-Fernandez M, Mayer S. Rehabilitation needs of personsople discharged from an African trauma center

With the collaboration of Jan Reinhardt, an $250,000 grant proposal has been submitted to the United States National Institute for Disability and Rehabilitation Research. Its goal is to expand the Language Independent Functional Evaluation to cover most aspects of the International Classification of Function in regions where language and literacy are barriers to survey of disability.

A $1,000,000 proposal to develop a telemedicine /teleeducation liaison was submitted in collaboration with the University of Ghana, the University of Abuja (Nigeria) and the Liberian Ministry of Health, was submitted to the US National Institutes of Health. Unfortunately it was not funded.

The work of Adodeji Adewole, Nigerian recipient of an International Spine Society Globus Fellowship to do research at the University of Michigan, is in revision for publication in PM&R.

Education:
Programs to educate Africans include:

We have identified Asare Christian M.D., a Ghanaian born medical student-now a resident in PRM at Johns Hopkins University. Dr. Christian desires to return to Ghana as their first PRM physician. Numerous plans in Ghana and the United States are developing to support his success there.

Jake Rowan D.O., faculty in PRM at Michigan State University, has applied for a Fulbright Scholarship to spend 6 months or more at the University of Ghana.

Marlo Johnson, MSPT, a therapist from the University of Michigan has joined the faculty of Physiotherapy at the University of Ghana for 6-12 months minimum commitment.

Matthew Huish MBA, Department Administrator for PRM at the University of Utah and Dr. Haig have developed a plan to get all American PRM residencies to provide a consistent academic presence at the University of Ghana. This will be presented to the various department chairs and the Association of Academic Physiatrists for further support in the next year. Non-American residencies are welcome to participate.

Gifty Nyante PT, MS, of the University of Ghana remains the principle contact for research in West Africa, however she must have a local doctoral level faculty member in rehabilitation science to obtain her Ph.D, and become a full-fledged faculty member. Various visiting faculty hope to provide that support.

Two medical students from the University of Ghana completed a 1 month clinical rotation in PMR at the University of Michigan this year.

Dr. Haig was keynote speaker at the African WCPT physical therapy conference, introducing the concept of rehabilitation teams to a geographically diverse group of academic and clinical therapists in Africa.

Leadership:
Mr. Phillip Fischer, a prominent American corporate attorney has agreed to build strategy and funding sources for the University of Michigan’s Global Rehabilitation Leadership Program.
Noel Tichy, Ph.D., one of the world’s top corporate leadership experts, has offered to have a ‘rehabilitation All-Star team’ attend one of his week-long seminars to develop a more cohesive strategy for Africa. Unfortunately his next seminar is during this ISPRM meeting, however the offer remains.

Policy:
Drafts of the WHO World Disability Report contain a number of references to work in Africa which support the concept that Community Based Rehabilitation alone is insufficient; the standard of care is multidisciplinary medical rehabilitation lead by an expert in PRM.

We continue to support a program called ‘After AIDS Day’, on December 2 (the day after AIDS day) each year. It highlights the fact that little attention is paid to disability that occurs in Africa ‘after AIDS’. This is a rising concern as anti-retrovirus treatments have resulted in a largely unstudied and untreated class of persons in Africa who continue to suffer from disability caused by AIDS or its treatment.

Dr. Haig represented ISPRM at the annual Unite for Sight innovation and sustainability health conference, a leading think tank of non-governmental organizations and social enterpreneurs.

Future:
The work is not just in Ghana. One important ongoing role of the Liaison is contact with PRM specialists and students who hope to work in other African countries. Also this role has facilitated contact with policymakers, educators, and clinicians throughout Africa. This work will continue.

The Ghana platform is becoming a real and sustainable model. The next year will hopefully involve monthly coverage of services at the University of Ghana, Psychiatrist training of allied health professionals there, and collaborative research between the University of Ghana and other institutions in and outside of Ghana, with a goal of providing the information and tools needed to build the first residency training program in Africa.

ISPRM collaboration in providing educational materials, guidance and policy, and support for funding efforts is critical for these successes. For ISPRM this work fulfils its core mission as the official liaison to the World Health Organization. It also represents an investment in growth of the field and growth of the organization into the world’s largest untapped market.
Task Force Reports

Report of the ISPRM Organizational Structure Task Force
John Melvin

Introduction
The 2010-2012 President of the International Society of Physical and Rehabilitation Medicine (ISPRM) extended the term of the Organizational Structure Task Force (Task Force) to the end of his term in 2012. He appointed the following members to the Task Force: John Melvin, Chair; Walter Frontera, Vice-Chair; and M. Grabois, JM Guzman, MS Al Jadid, SF Tang, A Guistini, Leonard Li, Jorge Lains, John Oliver, Guy Vanderstraeten, C Gutenbrunner, V Fialka-Moser and M Amparo Assucena as members. The Task Force received the five charges addressed in the following discussion.

Strategic Goal: enhancement of the ISPRM relationship with regional PRM societies.
The Task Force developed with the By-Laws Committee specific proposals for revisions to the ISPRM Policies and Procedures to implement this charge. They addressed the establishment of mutual recognition and collaboration plans with regional PRM societies (following the model of the ISPRM WHO DAR collaboration plan.

Strategic Goal: democratic representation of individual and national members in the Assembly of Delegates and Executive Committee.
The Task Force developed with the By-Laws Committee specific proposals for revisions to the ISPRM By-Laws to implement this charge. They addressed:
(1) Creating an Individual Members Assembly and electing a fixed number of 15 individual representatives to the Assembly of Delegates.
(2) Splitting the Assembly vote of Members of the Executive Committee at Large by having the individual delegates elect three representatives of the individual members (one per ISPRM area) and having national delegates elect nine representatives (three per ISPRM area; replacing the current ISPRM regional Vice-Presidents)

Strategic Goal: renewed model for membership.
Members of the Task Force will prepare materials and lead discussions on this goal at a retreat after the Puerto Rico ISPRM Congress. Their assignments include the development of different membership scenarios and their expected outcomes. This will require identifying different models that address the issues of national, individual and combined memberships. The discussion will also include calculations of the financial consequences of different scenarios.

Strategic Goal: enhanced involvement of the ISPRM in its annual world congresses.
Members of the Task Force will prepare materials and lead discussions on this goal at a retreat after the Puerto Rico ISPRM Congress. Their assignments include (1) the development of a new contract for future ISPRM Congresses that includes an enhanced involvement of the Central Office and (2) development of a model for cooperation of ISPRM and national hosts with suitable regional societies.

Strategic Goal: approval process for discussion and position papers.
The Task Force developed with the By-Laws Committee revisions to the Policies and Procedures to implement this charge. The revisions included developing a two step approval process for publishing papers on behalf of the ISPRM or its committees. This process involved the responsible committee conducting a technical review followed by the President’s Cabinet performing a political review.

Report of the ISPRM Central Office Task Force
Christoph Gutenbrunner

No report available

Report of the ISPRM Task Force-International PRM Societies
Alessandro Giustini

No report available
Report of the ISPRM Research Task Force
Marco Franceschini

SURVEY: PRELIMINARY REPORT

INTRODUCTION
One of the main objectives of the ISPRM is to improve the level of research all over the world. It is no longer possible to delay the presence of rehabilitative articles with strong final conclusions in the international panorama of scientific literature. During the ISPRM retreat in Taiwan, a Taskforce was held regarding to Research. The components of this Task Force are Walter Frontera, Marta Imamura, Chang-il/i Park, Henri Lew, Jan Reinhardt, Luz Helena Lugo, Aydan Oral, John White and Marco Franceschini (Assistant Secretary of the President’s Cabinet) who has been nominated Chairman of the Task Force. The first action in this regard is the present survey.

MISSION
According to Prof DeLisa’s recommendations the ISPRM Research Task Force should:
• Stimulate research activity
• Improve the quality of research
• Set-up an educational system
• Open research website
• Develop a plan to establish a research fund
• Develop the scientific foundation of our specialty

The first act of this task force was to set up a survey to evaluate several aspects of Rehabilitation all around the world. This preliminary report shows the first results of this survey.

SURVEY
A free internet service was utilized (KW Survey.com). The survey was started on March 5th 2011. The data was collected and analyzed with Excel of Windows. The website address of the survey is:

The survey was spread by the components of ISPRM Executive Committee and published on ISPRM Website. The diffusion was improved by the ESPRM support for the research. Moreover thanks to the agreement between the task force and the ESPRM newsletter led by Mauro Zampolini with the help of Tommaso Sciarra.

The main goals of this survey are:
• to create networks inside World Rehabilitation Centers with similar levels of expertise and scientific interest.
• to recognize specific fields of interest and the main system used to check the outcome and the assessment during the research.
• to have a map of the technology present among the Rehabilitation Centers, both in terms of treatment and of assessment.

PRELIMINARY RESULTS
After about 2 months the task force received 120 surveys. Even if those numbers do not respect a normal distribution, in terms of promptness, Europe is confirmed as a lead area for procuring and providing a broad spectrum of Research support (60,8%). A fair distance from Europe, China is the Second Nation (12,5%), that filled-out those forms, followed by Eastern countries and South and North America (range 6%-7%). (fig1)
The fig 2 shows Stroke (75.8%) as the main disability treated by rehabilitation centers, followed by Orthopedic disorders (69.2%) and Spinal Cord Injuries (68.3%). Also, the Disability depending on Multiple Sclerosis, Neurological disease different from the previous ones, Pain and Rheumatologic present an important representation (range 65.0%-60.8%). Pulmonary, Oncologic and Cardiology disabilities are at the bottom of the list but have a significant presence (range: 30.8%-41.7%). These preliminary results could guide the efforts of the Society to improve and standardize the management of the disabilities in terms of importance and frequency of treatment. Moreover, it could be useful to underline those disabilities which are not well represented in Rehabilitation Hospital and improve the knowledge in those areas.

Fig 2.

Mostly these survey was filled-out by University Centers (50.8%), followed by Hospitals (30.0%). This result confirms that Universities are in the lead in research analysis compared to other hospitals (Fig 3).

Fig 3.
The authors report that state funds (44.2%) are the most incoming source of revenue, followed by mixed funds (37.5%). (Fig 4)

Fig 4.

Thankfully, Physiatrists are well represented. Out of 120 centers that filled-out the form, more than 700 Physiatrists work in Rehabilitation Centers, about 52% of the total of Medical Specialists, followed by Neurologists (13.8%) and Orthopedics (11.0%). (Fig 5)

Fig 5.
Basic clinical research is the main research area (58.3%); 25 surveys underline that no kind of research is provided by those centers (20.8%); Few centers work just on animal experimental trials and 21 surveys show that 25 centers work on both trials (Fig 6).

**DISCUSSION**

After 2 months the authors received 120 surveys; most of them come from European Countries (60.8%). Several considerations should be made.

The European Rehabilitative organization (ESPRM) facilitated this great data collection. In fact the ESPRM presents a structured organization that has obtained in the last few years a very compact and positive organization with a network closely linked to the internet system.

The enormous response of the European countries could affect the general data; however these results confirm Europe as a valid partner regarding rehabilitation initiative. In fact the ESPRM as already set up support for the research service to facilitate communications between Researchers.

Strengthening the relationship between the support for the research service and the Task force could improve the efficacy of the ISPRM service. China is also confirmed as an interesting stakeholder in Rehabilitation.

An important problem is the limited number of the surveys which were filled-out by the US Colleagues. I understand well, as Joel DeLisa and John White suggested to me, that the organization of the rehabilitative facilities is very different in the world. In particular in the US, where some facilities are only for assistance, others only for research and still others both for assistance and research as well as other different situations. I think that it is not easy to prepare a survey that includes the different organization models in the world, so I suggested to the US Colleagues that they try to adapt the survey in the different model. On the other hand I think we can have only one possibility to made a second survey which would be a modified version of the American model.

Another important action of the task force should be a new communication system that would implement this ISPRM initiative in order to spread the word all over the world.

Concerning the Rehabilitative Clinical Program this survey confirmed Stroke, Orthopedic disorders and Spinal Cord Injuries as the three main Disabilities. The task force should deepen all the aspects of these disorders and try to standardize their management. The less represented disabilities should also be analyzed in detail in order to implement knowledge. This preliminary data already represents an important opportunity to structure future International multicenter research. In fact for example it could be very simple to select the centers with the possibility of including an eventual epidemiological longitudinal observation study for a great number of persons with the same disability.
The main activity in research of the Universities appears obvious, because one of the main University missions is scientific research. On the other hand 30% of the research is carried out by Hospitals without research as their main mission. This is very comforting data. In some cases we found multiple choices in this item, so it will be necessary to clarify the correctness of the data.

The state funds as a resource of the research program is another obvious piece of information. This data is in reference to the several surveys filled-out by Europe, where this kind of research funding is the most common. Regarding the Medical Specialists, Physiatrists are the most represented in the Rehabilitation area, even if the sleekness of the distribution tends towards the European side. In this case there could be a bias because we involved the European Society where there are many but not exclusively Physiatrists. This aspect should be better analyzed in order to facilitate the training and the residency program of Physiatrists also in countries in which they are not represented. Finally The Research item showed that basic clinical research is the most represented, but a large amount of centers did not provide any kind of research. This means that hundreds of important dates are lost every day, damaging or disregarding fundamental aspects of clinical practice. This task force should sensitize the importance of research all over the world.

PERSPECTIVES
The final result would be a map of the Centers with similar fields of interest, technology and research possibilities (Low, Average, High levels) in order to easily organize multi-center studies with the possibility to include a large number of samples. It will be important to obtain more results in the immediate future:
- first step: to increase the number of the filled-out surveys, above all in the less represented areas.
- second step: to obtain a common system to assess the patients in the same research fields.
- it will be also important to be able to propose a limited number of outcomes.

Finally, we could organize some different educational training (via internet, local, national etc.) to improve knowledge among Physiatrists and Rehabilitative Teams, and to obtain a homogeneous and correct assessment and evaluation of the outcome in the different fields of clinical research.

CHALLENGES
The next challenge will be the evaluation of the single aspects of the survey in detail; the rehabilitation area needs to stress all these items so as to ameliorate research strategy.

Report by the ‘WHO Women and Health Task Force’

WOMEN’S HEALTH AND EXERCISE: FALL AND PREVENTION
Areerat Suputtitada, M.D.

A fall can happen to anyone at anytime. For some, a fall may cause only bruising or some minor injuries, while some might break their arms or legs. However, if it happens to the elderly, the consequences of a fall can be much more devastating. Falls by the elderly are a serious problem with high morbidity and mortality rates. It is estimated that of those who are 65 and older and who are living in their own homes, nearly 1/3 will have a fall each year. This report is written by my own experience in clinical practice.

How does it happen?
Falls usually happen when a person loses their balance. Balance, or "postural control", is a person's ability to maintain the body's centre of gravity within the base of support in order to posture oneself in an upright position. Good balance normally involves four systems in the body, including vision, the nervous system, inner ear, as well as muscles and joints. If any of these do not function properly, it is more likely a person will lose their balance and fall.
For example, if you have impaired vision or any problem with your inner ear, you will lose some capacity in the movements of your head and your body. If you have problems with your muscles and joints, you will have difficulty responding to postural changes.

If the elderly fall, it is likely that they will suffer broken bones. According to the age, the wrists are the most common breakages during premenopausal period, the spines and the hips are the most common breakages during postmenopausal period.

There are simple indications that tell you how good balance is. "If a kid runs into you while you're standing, and you remain standing firm, that means you have dynamic balance. If you are walking, and a kid runs into you and you still don't fall, then you have better balance control,"
What causes a fall?
Falls by the elderly can happen for a variety of reasons, including muscle weakness; diseases that can result in walking problems such as Parkinson's disease, cerebrovascular disease, and diseases of the joints; those having a problem with balance; and those using walking aids. Other risk factors include blurred vision related to ageing, joint infections, depression, mental retardation, high blood pressure, heart disease, and advanced ageing. People desperately wanting to go to the toilet or some problems with the bladder risk falling as they often have to rush to the toilet. Those taking lots of medicine at the same time, such as anti-depressants, painkillers and muscle relaxants are also likely to experience side effects that can result in drowsiness and dizziness, which increases the chances of falling. Apart from the above mentioned factors, there are other factors which involve their living environment, such as, believe it or not, house paint colors (dark colored paints can result in poorer vision, which may lead to an accident), the house design and facilities.

"Light colors are recommended for the house interior and parts of its structure, as they allow for better vision," Bathroom design and materials are also important in preventing a fall by the elderly. Make sure the bathroom's floor is made of non-slippery materials, and provide handrails and adequate lighting for their safety.

How will you know that your patients are at risk?
A simple method anyone can do as a self-screening test to examine how well they can balance their bodies, or whether they have a higher risk of falling. "It's simple and easy to do. First, take off your shoes, and stand on a smooth and level floor. Put your right hand on your left shoulder and left hand on your right shoulder. Then, lift up one leg with your knee at 90 degrees and hold that posture. Normal people should be able to stand like that for up to 20 seconds or a little less than that if you close your eyes. If you can't do this for that long, it means you are more at risk of falling," People who are aware they are prone to falling, or those aged above 50 should go see a specialist for a fall assessment. This process involves investigating risk factors, such as a history of falling, a physical examination, balance and fall assessment through particular techniques, and screening for abnormal walking postures.

How to reduce the risk of falls?
When patients come to me, I will do for them as follows:
1. Examine the previous fall. Look at any daily routine that can put them at risk, and correct them to prevent repeated falls.
2. Review medication history. If the patients' given a poly-pharmacy of at least four drugs, they run a high risk of falling.
3. Check the patients' visual acuity, and perform a screening test for cataracts.
4. Check blood pressure, and correct the causes of falls. For example, if the patient is taking excessive medication for treatment of high blood pressure, he or she will be advised to take refined salt, and more water. Also, they must be slow and always does an ankle pump exercise whenever they get up from a chair.
5. Examine the patient's balance and walking posture. Balance training can be given to patients.
6. Checking the nervous system, focusing on proprioception, cognition and muscle weakness. The doctor may recommend balance training, use of more suitable shoes, muscle strengthening exercises, reducing drugs that disturb cognitive function as well as finding careers for those who have serious dementia.
7. Examine the bone and muscle systems. Check for arthritis and pain in the joints.
8. Examine the cardiac and vascular systems. If you experience a faint or abnormal heartbeat, that could put you at risk from falling.
9. Age-related sarcopenia and balance disorder could be causes of falls. Balance training along with exercises to strengthen the leg muscles can lower the risks.
10. Reduce the elderly's fear of falling. Stress and anxiety about their chances of falling can also be another risk factor.
11. Correcting external factors that can cause falls such as their living environment.

Pay more attention to the elderly
I would like to suggest family members pay greater attention to the elderly, if they have them living at home. "Just have a look at them each day, at least once every morning before you go to work. Check their postural balance, watching carefully to see how they are after waking up in the morning, how they walk, whether their body is upright or whether it's tilting to one side. You can play an important role in saving them from falling."

Conclusions
A fall can happen to anyone at anytime. Falls by the elderly are a serious problem with high morbidity and mortality rates. The risk of falling can also be reduced through proper exercise as well as an adjustment in environment and lifestyle.
Congresses

Report of the 6th World Congress of the ISPRM in San Juan
Veronica Rodrigues

For the past 6 years the Organizing Committee of the 6th World Congress has been working to offer a balanced, up-to-date and innovative educational program and relevant social activities that everybody can enjoy. At this moment we have 890 registrations for the Congress, more than 600 posters accepted for presentation and 80 oral presentations. The Scientific Committee has prepared an excellent program where we will have the participation of over 100 speakers from the 5 continents, will have a track devoted to the allied health professionals and one for the Spanish speaking attendees.

Social events will begin with the Opening Ceremony. The Presidential Dinner will be offered by the President of the House of Representatives in San Juan capitol and we hope everybody will enjoy a relaxing and pleasant evening.

At the Closing Ceremony the next Congress host – China – will have the opportunity to present their upcoming Congress. We hope that this Congress will be as successful as all the previous one and, see you all in Puerto Rico.

Report of the 7th World Congress of the ISPRM in Beijing
Jianan Li

After winning the bid to host the ISPRM 2013, the ISPRM Beijing organizing committee began to prepare for the grand event. During the past 3 years, the local committee members meet once a year to discuss the relevant issues. Now some achievements have been made as follows.

1. Dates: June 16-20, 2013
   June 16        registration & welcome reception
   June 17-20     scientific sessions
   June 18        gala dinner
   June 19        presidential dinner

2. Congress Venue: China National Convention Center (CNCC)
   China National Convention Centre is in the middle of Beijing Olympic Green, right next to the Bird Nest (China National Stadium for the Olympics opening and closing ceremony), the Water Cube (National Aquatics Center) and National Indoor Stadium. CNCC complex consists of the Convention Center, CNCC Grand Hotel, InterContinental Hotel and two office buildings. CNCC It's only 30 minutes drive to the airport and the subway station is connected with CNCC's basement which enables people to quickly go to the city center, the airport, the Beijing Railway station, the central business district, China's Silicon Valley Zhongguancun, and many tourist attractions such as Tian'anmen Square, Forbidden City or Summer Palace. It takes only one hour from CNCC to the renowned Great Wall and Ming Tombs.
   CNCC is one of the most advanced conference venue ideal for congresses, meetings, exhibitions, banquets, etc in China. The conference building consists of 70 meeting rooms of various sizes equipped with the most advanced AV facilities. The 6,400 sqm plenary hall is able to accommodate to over 5,000 delegates, the 4,860 sqm ballroom is suitable for 3,000 pax banquets. A meeting room list is attached.

3. Committees:
   Honorary Presidents
   DENG Pufang, GENG Dezhang, MA Xiaowei, CHEN Zhu, ZHANG Haidi

   ISPRM Advisory Board (President and President's Council): Gerold Stucki, Joel DeLisa, John Melvin, Chang-il Park, Martin Grabois, Linamara Battistella
Local Advisory Board: CHEN Jingzao, GUO Wanxue, HUA Guiru, LI Ling, NAN Dengkun, TAN Weiyi, ZHOU Shifang, ZHUO Dahong

Congress President: LI Jian'an

Organizing Committee Chairs: LI Jian'an
Vice Chairs: WANG Maobin, HOU Shuxun, Li Jianjun, GU Xin

Scientific Committee Chairs: Leonard SW LI, WU Zongyao
Abstract Chairs: YAN Tiebin, HUANG Xiaolin

International members:
Alberto Esquenasi (United States of America), Franco Franchignoni (Italy), Walter Frontera (Puerto Rico), Christoph Gutenbrunner (Germany), Tai Ryoon Han (Korea), Marta Imamura (Brazil), Jorge Lains (Portugal), John Olver (Australia), Simon F.T. Tang (Chinese Taipei), Anthony Ward (United Kingdom), Nachum Soroker (Israel). Juan Manuel Guzman Gonzalez

4. Registration fee

We have set the registration fee according to the registration fee of the previous congresses. Special registration fee (USD200) is set for Chinese participants for them to have better chance to attend the congress.

<table>
<thead>
<tr>
<th>Location</th>
<th>Early Bird Member</th>
<th>Early Bird Non-member</th>
<th>Early Bird Student</th>
<th>Onsite Member</th>
<th>Onsite Non-member</th>
<th>Onsite Student</th>
<th>Low Income</th>
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<td>San Paulo</td>
<td>$550.00</td>
<td>$625.00</td>
<td>$300.00</td>
<td>$600.00</td>
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<td>$750.00</td>
<td>$850.00</td>
<td>$300.00</td>
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<td>$300.00</td>
<td>$700.00</td>
<td>$800.00</td>
<td>$350.00</td>
<td>60%</td>
</tr>
</tbody>
</table>

5. Proposed budget

<table>
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<th></th>
<th>Beijing</th>
<th>Seoul</th>
<th>Istanbul</th>
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<tr>
<td>Revenue</td>
<td>$2,423,300.00</td>
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<td>expenditure</td>
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<td>Balance</td>
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<td>Profit to ISPRM</td>
<td>$61235</td>
<td>$50434</td>
<td>$54016</td>
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</table>

The budget was made in basis of 2000 overseas participants and 2000 Chinese ones.

6. Agreement

The agreement between the ISPRM and the local organizers (Chinese Medical Association and China Association of Rehabilitation Medicine) was signed in 2010.

7. Website

Website (www.isprm2013.org) was established in 2007. Online abstract submission and registration system is under construction and will open in July 2011.

Report of the 8th World Congress of the ISPRM in Cancun
Juan Manuel Guzman

See report as Regional Vice President
ISPRM World Congress 2015 in Berlin

After the conceptual framework of ISPRM-world congresses has been adopted in Limassol in October 2011 both the scientific and the organizing committees of the ISPRM-World-Congress in Berlin 2015 intensified its work. Activities include

- defining the role and members of the different committees;
- defining the cornerstones of the scientific program;
- establishing cooperation both with institutional and industrial partners;
- and discussing the framework of congress organisation.

As it is work in progress no final decisions can be reported already now, however, some principles and directions can be reported already now.

According to the abovementioned conceptual framework of ISPRM congresses the committee structure will be as follows (see Fig. 1):

- Scientific committee members:
  - ISPRM Executive Committee (as elected by 2012)
  - Representatives from the three world areas: 3 representatives each & 3 representatives of individual members (n=12)
  - Experts from collaborating scientific societies (until now: n=1)

- Abstract Review Subcommittee members:
  - Experts in distinct fields to be nominated by chairs of scientific committee and to be confirmed by the scientific committee

- Scientific committee working plan: 1st meeting of the Scientific Committee: ISPRM World Congress, Beijing 2013

- Organizing Committee members:
  - congress presidents
  - scientific committee chairs
  - representative of PCO
  - head of central office ISPRM
  - chair of ISPRM congress committee
  - representatives of hosting societies
• Organizing committees working plan: Face-to-face meeting: either Oct. 29th, 2011 in Salzburg or Dec. 2nd, 2011 in Berlin

• Sponsoring Committee members:
  o chair of ISPRM Sponsoring Committee
  o chair of ISPRM Congress Committee
  o chair of ISPRM Central Office
  o representatives of PCO and industrial partners

• Sponsoring committee working plan: Lunch meeting at ISPRM World congress in Puerto Rico

• Local organising committee members: Liebel, Schufried, Stemberger, Gruter, Nugraha and others (to be nominated)

Cornerstones of the scientific program have been discussed as follows:

• Topics of scientific program:
  o extended topic list as defined in the conceptual framework of ISPRM world congresses
  o abstract topic list from the same document

• Ideas for main topics (topics of recent interest)
  o Technology enhanced functioning (in collaboration with ISPO)
    ▪ Prosthetics, Orthotics, Bionics etc.
    ▪ Communication, Virtual Reality etc.
    ▪ Interface Technology enabling participation

• Rehab in health care from the policy perspective
  o macro level: policy (rehab as health strategy, rehab services matrix etc.; “from acute care to the community”)
  o meso level: services: (medical concepts meeting health needs; related to ageing population an others)
  o micro level: treatments (emerging PRM concepts; incl. inclusion, addressing diversity and gender)

• Where are we: 4 years after World Report, 9 years after UN Convention, 14 years after ICF)(in collaboration with WHO Committee + Subcommittees)
  o White spots in rehab: e.g. developing countries
  o Ethics in rehabilitation (incl. problems at end of life)
  o Expanding work life
  o and others

• Special issue sessions (ideas)(to be continued):
  o Intercultural aspects of rehabilitations (e.g. influence of religion and/or societal attitudes)
  o Rehabilitation policy – an update
  o Natural disaster rehabilitation
  o Team work (interactive session with rehabilitation professionals)

Planned cooperation with institutional and industrial partners include until now:

• Scientific cooperation with scientific societies and other bodies
  o In partnership with universities: Medical University Vienna, Hannover Medical School, Charité Berlin
  o In partnership with scientific societies: International Society for Prosthetics and Orthotics
  o In partnership with governmental organisations: German Federal Government, Austrian Federal Government, Council of Europe, European Commission
  o In partnership with professional organisations belonging to WHO-DAR professional network: ISPRM, ISPO, WCPT, WFOT, Federation of Speech therapists
  o In collaboration with regional PRM bodies: UEMS-PRM Section and Board, ESPRM, European Academy for Rehabilitation Medicine
  o In association with other scientific societies: to be continued

Other aspects of organisation:

• Finances:
  o Dues for ISPRM: according of rules for congress bidding procedure 2013
  o Financial plan will be updated in cooperation with sponsoring committee

• Locations for social program:
  o Presidents Dinner: Charlottenburg Castle
  o GalaDinner: Historical Airport building Tempelhof
  o Opening ceremony: Konzerthaus am Gendarmenmarkt (Historical Music Hall)

Critical remarks and ideas of other ISPRM members are very welcome at this stage. Please don’t hesitate to contact us.

Christoph Gutenbrunner & Veronika Fialka Moser (Congress presidents)
Gerold Stucki & Tatjana Paternostro-Sluga (Presidents of scientific committee)
Minutes of the Assembly of Delegates Meeting Part 1, September 29, 2010, Limassol, Cyprus

Present: Joel DeLisa, Gerold Stucki, Marta Imamura, Martin Grabois, Jianan Li, Jorge Lains, John Olver, Chang-il Park, John Melvin, Pedo Cantista, Alessandro Giustini, Juan Manuel Guzman Gonzalez, Walter Frontera, Maria Amano Martinez Assucena, Gulseren Akyuz, Deog young Kim, Leonard SW Li, Marco Franceschini, Nachum Soroker, Veronica Rodriguez, André Thevenon, Eleftheria Antoniadou, Torkan Farzaneh, Tzaki Siev-Ner, Mauro Zampolini Tai Rooyen Han, Fernando Almeida, Marie Carmen Cruz, Milca Lazovic, Rolf Frischknecht, Daan Wever, William Micheo, Andrew Haig, Bryan O’Young, Calogero Foti, Catarina Branco, Guy Vanderstraten, Andrew Cole, Luly Treger, Oa Lijuan, Mark Lissens, Tiebin Yan, Veronika Fialka-Moser.

Minutes: Jan Reinhardt and Werner van Clempute

1. Executive Board reports, Site Selection 2012, By-laws Committee and Nomination Committee

1.1. Welcome & last minute information by the President Joel DeLisa

- The President, Prof. Joel DeLisa (JAD), welcomes everyone and asks to read the minutes of the Taiwan Retreat that were distributed.
- Special thanks are addressed to Prof. Nikolas Christodoulou (NC) for his great efforts in organising this meeting.
- JAD informs the BOG that the contract on the 2013 ISPRM world conference in Beijing between ISPRM and the Chinese PRM societies has been signed. The Chinese PRM societies is thanked for their collaboration, as well as their courtesy in accepting paragraphs to the advantage of ISPRM that were not part of the original agreement. This contract can also be considered as a draft document for all future congresses.
- JAD further informs the BOG that a contract with Medicongress has been signed to serve as ISPRM’s Central Office (CO) for the period from 2010 to December 31, 2011. It is renewable.
- The BOG members are told that Prof. Jose Jimenez (JJ) resigned as ISPRM historian. A proclamation for JJ is to be signed by the BOG members in order to thank for his services.
- JAD further informs about formal issues regarding the motions and voting procedures: a) All motions need to be written down and handed over to the ISPRM secretary or sent by email, b) John Melvin (JM) has a number of motions on By-Laws changes based on decisions made by the Board in Istanbul 2009. Once these motions pass the BOG will transform itself into an Assembly of Delegates. This motion will, however, will become effective not until the next Monday, October 4, 2010, so that in Limassol the BOG will function according to the old rules. c) JAD informs about the voting procedures on the venue of the ISPRM Interim Board Meeting in 2012. Two persons are needed to help Jorge Lains (JL) with counting the votes. Since it is a decision between Thessaloniki and Atlanta there should be either one person from the US and another one from Greece, or two persons who are from neither of these countries.
- JAD states that the members of ISPRM Committees need to be more active, and physically present in the committee meetings. Some members are on too many committees, and some are inactive. Committee work needs to be taken seriously. PRM younger members should be invited for committee membership.

1.2. Approval of Minutes of the 2009 Meeting (Istanbul) Joel DeLisa

Were sent out and approved previously by e-mail.

1.3. Approval of the Agenda of this meeting Joel DeLisa

- A motion is made and seconded to approve the Agenda of the BOG.
- Motion carries unanimously.
1.4. Report of the President

Joel DeLisa

- See Book of Reports: series of accomplished but also pending issues.
- A motion is made and seconded to approve the minutes of the ISPRM Retreat in Taiwan 2010.
- Motion carries unanimously.

1.5. Report of the Bylaws Committee

John Melvin

- The following motions have been prepared based on BOG decisions from Istanbul 2009 that were now translated into the language of the By-Laws.

<table>
<thead>
<tr>
<th>ISPRM strategic goal</th>
<th>Motions</th>
</tr>
</thead>
</table>
| Enhancement of decision making 1: BOG becomes Assembly of Delegates | 1. The ISPRM change the name of the BOG to the Assembly of Delegates.  
2. The Assembly of Delegates will be limited to ISPRM strategic issues such as:  
a. Approving By-Laws  
b. Selecting sites of world congresses  
c. Approving strategic plans  
d. Approving collaborative plans  
e. Electing members of the Executive and Nominating Committees |
| Enhancement of decision making 2: Executive Committee | 1. The Executive Committee will be responsible for all ISPRM operational decisions as delegated to it by the BOG (Assembly of Delegates) with two exceptions:  
a. If a decision has to be made within 30 days  
b. If the Executive Committee fails to have a valid vote because too few of its members returned their votes. |
| Enhancement of decision making 3: President’s Cabinet and President | The President’s Cabinet will be responsible for those ISPRM operational decisions the President refers to it, either because the ISPRM must complete a decision within 30 days, or the Executive Committee failed to provide a valid vote.  
The President may make operational decisions without a formal vote of the President’s Cabinet if the ISPRM must complete these decisions within 15 days or the President’s Cabinet failed to provide a valid vote. In such situations, the President must seek the advice of as many members of the President’s Cabinet as possible before making decisions. If the President must make decisions without a formal vote of the President’s Cabinet or Executive Committee, he/she must prepare a report to these governing bodies outlining the circumstances of the decisions. |
| Enhancement of decision making 4: voting procedures | The ISPRM will adopt the following email or web-based electronic voting procedures for all its governing bodies and committees.  
BOG (Assembly of Delegates): for a vote to be valid, at least forty percent of its members must vote with a majority for acceptance and a 90 day time period for receiving votes.  
EC: for a vote to be valid, at least 40% of its voting members must vote with a majority for acceptance and 30 day period for receiving votes.  
The President’s Cabinet: for a vote to be valid, at least 60% of its voting members must vote with a majority for acceptance and a 15 day period for receiving votes. |
Increasing relevance of and income generated from ISPRM congresses

ISPRM hold yearly congresses
- Applications for World Congresses will be four years prior to the projected date.
- Congresses should rotate among the following regions: Asia-Oceania, Americas and Africa, Eastern Mediterranean and Europe.

Enhancement of ISPRM’s institutional memory

Remove the limit on the number of terms that members of the By-Laws Committee can serve.

- The motions of the Bylaws Committee (see table and Book of Reports) was made, seconded and carried unanimously.

1.6. Venue selection for the 2012 Interim Congress

Werner Van Cleemputte

- One proposal was received from Thessaloniki in combination with the biennale congress of the European Society of PRM, the second proposal was received from Atlanta in combination with the AAPM&R yearly congress. It is stated that both proposals have been submitted in time and are in accordance with rules.
- Both candidates presented the venues and their proposals.
- After the presentation the following issues are discussed.
- Alessandro Guistini (AG) suggests to weigh the arguments for different locations, several Interim Board Meetings have already taken place in Europe.
- Marta Immamura (MI) states that AMLAR supports Atlanta, since it is easier to join the meeting for people from South America.
- Andy Haig (AH) points out that US American involvement in international rehabilitation could be increased. The effect that ISPRM presence at the meeting of the US American PRM society could have on young US American physiatrists should not be underestimated.
- Andrew Cole (AC) states that it might be a disadvantage that the Atlanta meeting would be quite late in the year.
- Xanthi Mikail (YM) stresses that the Thessaloniki proposal is not from Greece, but from the European PRM Society.
- JAD reiterates that all past Interim Board Meetings have been in Europe, now there would be the chance to involve North Americans in ISPRM.

1.6.1. Voting

- The voting takes place according to the rules and Atlanta is proclaimed the winner. The meeting will take place from 15-18 November 2012. The AAPM&R agrees that they will provide time slots within the programme to bring in international speakers together with their International Programme Committee. We have two Assembly meetings, as well as a large number of committee meetings the day before and during the congress. The AAPM&R confirms that they will fully host these meetings.

1.6.2. Presentation of the winning candidate

1.7. Exceptional call for ISPRM world conference in 2014

Gerold Stucki

- Gerold Stucki (GS) brings forward a motion to make an exceptional call for a 2014 ISPRM world congress, according to a valid contract model based on the 2013 contract with the Chinese Societies of PRM and to be further specified in the bid. The bid will be prepared by Secretary and Central Office up until end of October. Submission deadline for proposals is December 31 2010. Electronic vote will take place up until January 31. According to the newly established rotation principle this congress would take place in the ISPRM area of the Americas. Motion is seconded.
• It was stated that the 2015 ISPRM conference in Berlin could not take place one year earlier  
• After this brief discussion the motion carries unanimously.

1.8. Report of the Secretary

Jorge Lains

See Book of Reports. In addition, the following issues were highlighted:

• According to Jorge Lains (JL) the Central Office (CO) contract has been further developed and signed with detailed descriptions of all tasks and issues. The contract is valid up until 31 December 2011. For the next period a call for bids involving Medicongress, but also other companies will be issued. This call for proposals is being developed.
• The contract also explicitly refers to legal issues of the ISPRM such as registration as non-profit organisation, signature authority and liability insurance which have to be settled in the near future.
• ISPRM Sponsorship, Membership, Congress Committee and Organizational Structure Task Force should develop a new model of increased involvement of the CO in congress organization in order to enhance ISPRM and CO income.
• The contract between ISPRM and Chinese PRM societies regarding the 2013 ISPRM conference needs to be further evolved. This contract is already a step forward and was accepted only because of the courtesy of the Chinese societies.
• New ideas for sponsorship were brought up. At first, a company database with names of responsibles should be set-up. ISPRM members will be asked to help with this task. Currently, the possibility of providing a commission to those members bringing in sponsorship for the ISPRM is explored.

1.9. Report of the President-Elect

Gerold Stucki

See book of reports. In addition GS stresses the following:

• The BOG members are reminded of the JRM Special Issue on Developing ISPRM (Sept. 2009).
• In the past two years a lot has been already achieved by President Prof. DeLisa and his team.
• The following issues need to be addressed in the next two years.
  o A mechanism to work with regional level PRM societies needs to be established.
  o The ISPRM membership and governance structure are still evolving and need to be further developed.
  o An official approval process of position and discussion papers needs to be established.
• The ISPRM Organisational Structure Task Force on development will address these issues up until the Puerto Rico congress.
• GS further points at two important developments/chances for ISPRM to advance through collaboration with WHO. These are:
  • the launch, dissemination, and implementation of a WHO World Report on Disability, and the further development of a link between ICD and ICF.
  • According to GS, organisational issues are on a good way so that ISPRM can again concentrate on content in the next years.

1.10. Presentation of our Journal

Gunnar Grimby

• Journal of Rehabilitation Medicine (Gunnar Grimby)  
Presentation has been published, and can be found on our website.

Dutch Society did not have access to the journal in 2010. There is now open access to the JRM (after 6 months), but a lot of people do not use it and some having access were not able to have access. Issue has been raised with the JRM and there will be discussion now between JRM and Publication Committee on how to clarify these issues.

1.11. Nominating Committee

Chang-il Park
The results of the votes on the new Executive Committee of the ISPRM are presented and a motion is made and seconded to approve the list:

- Vice President: Jianan Li
- Secretary: Jorge Lains
- Treasurer: John Olver
- Assistant Treasurer: Nachum Soroker
- Assistant Secretary: Marco Franceschini
- RVP Europe: Alessandro Giustini
- RVP Latin America: Juan Manuel Guzman
- RVP Asia and Oceania: Simon Fuk-Tan Tang
- RVP North America: Walter Frontera
- RVP Africa and Middle East: Maher Saad Al Jadid
- Active Individual Members: Mark Young & Maria Amparo Martinez Assucena
- Active National Societies Members: Deog young Kim & Leonard SW Li

The discussion is opened:

- According to Torkan Farzaneh (TF) curricula vitae of the Candidates should be provided to the BOG/Assembly of Delegates. These may be included in the Book of Reports.
- Leonard Li (LL) states that the nomination from the Asia-Pacific Society was to have their Past President to take up the position of a Regional Vice-President of ISPRM. The current Past President of AOSPRM is Prof Han.
- It is stated that Prof. Simon Tang could still resign if this function is not compatible with his function as President of the Asia Pacific Society of PRM.
- GS points to different rationalities of ISPRM and regional societies. The issue may be solved by an envisioned shift from nominations to elections in the future.

After the discussion the motion is put on the floor again and carries with the majority of the BOG approving.

The new members of the Nominating Committee from 2010-2012 are presented to the BOG members:

- Joel DeLisa (ex officio as the Past President)
- Juan Manuel Guzman Gonzalez
- Leonard SW Li
- Franco Franchignoni
- Alberto Esquenazi
- Friedbert Kohler
- Maher Saad Al Jadid

A motion is made and seconded to approve this list.

The motion carries.

The new compilation of the International Education Development Fund is presented and a motion is made and seconded to approve the candidates JL and NC:

- Joel DeLisa (ex officio)
- Gerold Stucki (ex officio)
- Marta Imamura (ex officio)
- Jorge Lains
- Nicolas Christodoulou

Motion carries.

1.12. Report of the Vice President

Marta Imamura

See Book of Reports. No further comments made.

1.13. Report of the Past President

Chang-il Park

See Book of Reports. No further comments made.


Martin Grabois

See book of reports. In addition the following is outlined by Martin Grabois (MG).
• As regards today’s financial situation, individual and national dues are somewhat below the expectations (end of September 2010). Current deficit is approx 13,000 Euro. This explains as follows:
  o The current year is a non congress year.
  o More national societies chose the combined membership model.
  o Interest rates are down and ISPRM return on ISPRM investments is expected next year since some of our money was invested in two-year certificates.
• The 2011 Budget is proposed including an expected decrease in income from individual members and an expected increase in income from PRM societies. Interest rates are estimated to remain low. A minimal income of 30,000 Euro from the ISPRM congress in Puerto Rico. Expenses, in turn, are in line with the previous years. Society management fees of the Central Office have been raised to 60,000 Euro in the new contract.
• A positive balance is expected because of the assumed congress income. MG proposes a dues increase for individual membership up to 35 Euro for one year and 60 Euro for two years.
• A motion is made and seconded to accept the budget 2011 with the increase of the dues as above mentioned.
  The motion carries.
• The 2008 audit was presented right before the 2009 meeting in Istanbul. This audit was tentatively accepted and the treasurer still had to go over it. The treasurer did this and financially the audit was fine. As regards the management letter, there were a number of recommendations of which some have been already implemented (recommendation of a new contract, call sheet). Other issues are pending, but MG is confident that they can be solved up until the beginning of 2011. The treasurer will update this audit report and send it back to the President.
• A motion is made and seconded to accept the 2008 audit.
  Motion carries.

1.15. Award Committee  (in original Agenda point 3.2)  Chang-il Park

• A new Presidential Medallion has been designed including the names of all previous ISPRM Presidents; the medallion is made of gold and silver and is rather heavy.
• It is handed over to Prof. Joel DeLisa who will hand it over to Prof. Stucki as the next ISPRM President. Also the old IRMA medallion has been handed over to the secretary (JL) for safe keeping.

Closure of meeting at 17.30

• GS hands over a picture to JAD with 3 elephants symbolizing peace, stability and strong leadership as representing JAD’s Presidency. The elephant also refers to Beijing where both went to the Imperial Palace within which an elephant was exposed signifying these three qualities. Prof. Stucki also hands over a book on the economic history of the world.
• JAD hands the Presidential Medallion to GS who takes over the ISPRM Presidency.
Minutes of the Assembly of Delegates Meeting Part II
Date: 2 October 2010 - Venue: Limassol, Cyprus

Observers: Ninqhua Wang (China), Miloslav Radlec (Czech Rep); Aydan Oral (Turkey)

Prof. Stucki makes his introductionary speech toward the Assembly focussing on the collaboration for future and xxxxx (see also President-Elect report in minutes of 29 Sept.)

The voting during this meeting will only be made by the members of the old Board of Governors.

1. Presentation of newly elected members of the Executive Committee
   Members were presented and accepted.
   Motion accepted

2. Road Map for ISPRM

3. Secretarial Matters: Jorge Lains
   Ad Hoc President’s Award for Prof Jimenez is available for signature by all members who did not sign until now. Document is finalised and will be sent by Werner to the attention of Jose through DHL

4. Presentation of ISPRM Committees and Voting on Int Education and Development Fund
   • Presentation of the Standing Committees members approved by Executive Committee
   • Audit and Finance Committee will also have the assistant treasurer Dr Soroker as a member. Motion approved
   • Awards Committee and Bylaws Committee. Motion approved.
   • Int Education and Development Fund - Jorge Lains has been voted as a member of this committee
   • Presentation of chairs of the other Committees, Motion accepted

5. Voting on Active Individual Members at Large
   All members are accepted including three members (Hugh Dickson, Juan Lacuague, Nicolas Walsh) that possibly can still be replaced if youngster should come up that are willing to take a very active role within the ISPRM.
   Motion: Accepted
   Action: to publish a call in the News en Views for potential members for the Assembly. They can make an application towards the Central Office.

6. Presentation of the 2011 congress in Puerto Rico
   The preparations of the congress were presented informing also on translation of some of the sessions in Spanish. The different topics were presented as well as a nice video by Walter Frontera.

7. Report of the Regional Vice Presidents
   • Central & South America: Juan Manuel Guzman Gonzalez gives an explanation on the AMLAR Congress that took place last August in Cartagena
• Africa & Middle East: Nachum Soroker wishes his successor a lot of success.
• Asia & Pacific: Leonard Li informs on the Asia Oceania Society activities. Some societies consider to pay only to one society (either Asia Oceania Society or the ISPRM) looking in detail to the activities of the ISPRM for future. The President informs that the relations with the regional societies will be investigated for improvement for future also with the congress organisation.
• Europe: Pedro Cantista thanks everybody for the collaboration over the term of 4 years and encourages for a better communication within the society.
• North America & Canada: Walter Frontera does not have additional comments to what is in the book of reports.

8. Report of Congress Committee
Prof. Veronika Fialka-Moser puts a motion for accepting the proposal for guidelines on the organisation of the 2014 and following congresses published in the Book of Reports. (pages 29-34) by Prof. Gutenbrunner and Prof. Fialka-Moser.
Prof. Gutenbrunner explains the way of organising our future congresses as explained in the document in order to have a stable and fixed scientific, organisational and sponsorship structure in collaboration with our different committees involved.
Abstracts should be published printed and electronically and according to our contract we receive 100 printed copies from the JRM.
The Congress Committee is open for suggestions and modifications of the document for future.
Prof. Jianan Li informs that the Chinese ISPRM World Congress in 2013 will in any case be organised according to this document whatever the motion is accepted or not.
• Motion to approve the proposal as in the Book of Reports for the congress organisation in 2014 – Motion approved and the President thanks the Congress Committee for the work.
• Motion to approve the proposal as in the Book of Reports for the congress organisation in 2015 – Motion approved and the President thanks the organisers of the Berlin congress for the willingness to accept this proposal.
• Proposal is also for future is to have one or two persons from each region in the Congress Committee with persons not having an overlap with positions in other committees. The Chair of the Committee can do this selection himself and present his proposal to the President’s Cabinet who will look if there aren’t any red flags before approving the committee members.
• Profit split between national/regional society will need to be redetermined according to the tasks that are taken by each. How we are going to do this is to be worked out by the Congress Committee now in a way that it is a win/win situation for all.
• Sponsorship Committee should be involved for this part of the congress.

Prof. Alessandro Giustini informs on how we need to proceed in a stronger involvement by the national societies.

10. Report of the Representative of Individual Members
Dr. Amparo Martinez has nothing to add to the report

11. Report by the Executive Director
Werner Van Cleemputte has always been in favour of having a centralised registration for the congress as well as for the society as in the past we were always in competition with the local organisers of our congress as our members had to pay less for registration. Therefore a combined fee for congress registration and membership should be ideal.
12. Education Committee Report:
Prof. Marta Immamura thanks Dr. Bryan O’Young for accepting the function as chair of the committee from now on. Minimum curriculum will be implemented by introducing a long distance course. ISPRM training programme will be part of the long distance training. One position for this course is vacant for each of our national societies. President of the Scientific Committee will together with the President of the national society appoint two persons. This year we have 150 students from all over the world. Prof. Grabois will setup the guidelines on how to set up train an interventional procedure. The President thanks Prof. Immamura for all the hard work and for what the education committee has achieved. The committee should also look into courses etc. that are willing to organise courses under the umbrella of the ISPRM. Journal Clubs: are very well attended and we offer participating miles that can allow them to participate in the Puerto Rico Congress. Dr. Bryan O’Young informs that he accepts the position of new chair of the committee.

13. Membership Committee
Prof. Christoph Gutenbrunner refers to the yesterday meeting of the committee informing that the representatives of the individual members within the Assembly should for future preferably be voted by the individual members themselves. Also the national societies should have a vote in the appointment of the RVP’s. A specific membership of residents could be created.

Proposal is to have a very low membership fee for these members covering the cost the membership has for these members. They should have their own position within the Assembly as well as a forum to discuss their own issue. Educational Committee is asked to provide educational materials for them. As Prof. Gutenbrunner is now appointed as chair of the WHO committee there is a replacement to be foreseen. All input for the Membership Committee can be sent by email as well after the meetings.

Prof. John Olver informs that the financial situation of the ISPRM does not allow us very much space but having the residents being involved in the ISPRM is a very strong recommendation. The issue of associate members is more difficult as some organisations opened their doors to other specialties. The question is how the candidates are selected for the representatives of the individual members. Prof DeLisa informs that this is one of the most difficult issues in the society. He does not see any advantages in having an equal number of members of national societies as of representatives of individual members. Prof. Lains informs that the residents in Portugal pay the same amount as all other members and have the same rights and we must be careful with this proposal. Combined membership for national societies is far less expensive for each member and could solve the problem of resident’s membership for the ISPRM.

The President informs that Jan Reinhardt as an associate member together with the Executive Director to prepare a first starting point for developing this issue as a basis for the Task Force so that Prof Melvin and Prof Frontera have a basis to work on already. We realise that we have neglected a bid this Task Force in the past.

14. Publications Committee
Prof. Frontera bring up 3 motions one for each of the subcommittees

1, News & Views
We propose to change the N&V into a new format with input not only from the commoners but also from each of the committee. There is also the possibility for each national society to translate the N&V in different languages and the Chinese colleagues have already proposed to do the translation in Chinese. Lay-out of the N&V will completely change and a proposal has been presented.

Motion: adapt a new design for N&V (as presented) with content including committee reports and permission for translation into other languages.

Motion accepted with thanks to Nicolas Christodoulou for the work he has done all these years on the N&V.

2. Website

The website serves a lot of purposes. A particular issue is that every time we have a document that we would like to post on the website, the question is who will approve and what is the process to follow. The proposal is to post these documents on a special part of the website for comments during a period of one month. Depending on the result of these comments, the document will be moved to the permanent archive on the website.

All documents that need to be uploaded on the website needs to be in a proper format (word, Excel etc.). The electronic documents from the website are on a server that makes back-ups of the data at different places on the globe. The paper documents from our society are kept in the Central Office.

Motion: all documents submitted for publication on the website will be posted for comments for one month. If approved, the document will become part of the permanent archive.

Motion accepted after discussion on intellectual property

3. Journal

Motion: ISPRM will develop affiliations with regional and national journals based on criteria developed by the Publications Committee. Three levels of affiliation will be recognised being 1. Official Journal, 2. Published in association with ISPRM, 3. Endorsed by ISPRM.

Motion accepted.

Comment by the President: All documents of the WHO all go electronically and are presented in the meeting. There are no printed documents any longer.

We would need for the 2011 meetings that we handle the same way over our website. The Book of Reports will therefore no longer be printed also in order to save money.

The organisers need to foresee free wireless internet access in all meeting rooms.

Agreement on the abstract book of the Puerto Rico Congress. The question is if we go for electronic version only or also for a printed version. The decision is now to have only an electronic version.

The JRM agreed that we will not have to pay for abstract publishing and that this also includes 100 printed issues.

Marco Franchignoni will discuss the following issues with the JRM together with the Central Office:

- page charge for ISPRM members needs to be reduced
- reconsidering the 10500 Euro we pay now as there is now open access (after 6 months) to the JRM for everybody.
The exact number of hits over our website cannot be counted through our website but this might be possible through the JRM website. We understood that our members only rarely access the JRM through our website.

The Journal also has a lot of costs mainly also in sending the issues by surface mail worldwide.

15. Sponsorship Committee
Prof. Jorge Lains informs that we have the N&V and the website that we can use as tools for attracting sponsors. We will also approach other societies to see how they attract sponsors. Colleagues that have personal contacts with companies are essential and will be worked out further.

16. WHO Committee
We now have several subcommittees created being:
- The Disaster Relief Committee chaired by Jianan Li
- International Relations and Implementation of UN Convention chaired by Martin Grabois
- Implementation of World Report and IPSCI chaired by Alessandro Giustini
- Strengthening Medical Rehabilitation in WHO chaired by Christoph Gutenbrunner
- Implementation of ICF chaired by Marcelo Riberto

17. Liaison Officers’ Report on Sub-Saharan Africa
Andrew Haig informs on his activities for this region.

18. Liaison Officers’ Report Bone and Joint
Nicolas Walsh has sent the final report on the B&J Decade last week and this brochure is now uploaded on the website and available for review by our members. Dr Soroker can move this towards a more dedicated place on the website.

19. Liaison Officers’ Report European Society
There is actually a conflict of interest as Prof. Giustini is President of the European Society as well as RVP for the ISPRM for Europe

20. Liaison Officers’ Report AMLAR
Dr Imamura informs that there is a move towards more international development. The congress in Cartagena had 2000 participants.

21. Liaison Officers’ Report Mediterranean Forum
Jorge Lains will now become the President of the Mediterranean Forum and our President thanks Nicolas Christodoulou for his hospitality in hosting this meeting.

22. Registration of the ISPRM
There was a meeting between Jorge Lains, Leonard Li and Werner - everything runs well and we will have all issues solved by the Puerto Rico meeting.

23. Presentation of the 2013 ISPRM World Congress in Beijing
The venue, the working model of the Scientific Committee, as well as the budget, were presented by Jianan Li and Leonard Li.

24. Presentation of the 2015 ISPRM World Congress in Berlin
C. Gutenbrunner & V. Fialka-Moser
One of our major activities was to set-up the basic principle of congress organisation and of the scientific structure of the congress that has now been agreed for future ISPRM congresses. The second activity was that we started now the networking with organisations that could be interested to be involved in the congress.

25. Appointment of new historian

Prof. Grabois accepts to take the function of historian succeeding Prof. José Jimenez.

This organisation reflects and learned from the past but needs to move forward. I will remind you to the past.

The President thanks everybody for his work for the society and his presence in the meetings

Picture time
FINANCES
## ISPRM General Account

### BUDGET 2011 - fees alignment

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<td>Membership fees from individuals</td>
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| TOTAL                               | 55.156.97 €| -1.258.56 €| 30.280.54 €| 5.750.00 €  | 28.750.00 € |
### ISPRM Balance Sheet

**2010**

**Assets**

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<th>2008 Total</th>
<th>2007 Total</th>
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**Liabilities**

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### ISPRM TRUST FUND

**2010**

**Income/expense**

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<td>5,718,40 €</td>
<td>3,515,12 €</td>
<td>2,358,64 €</td>
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<td>2,840,37 €</td>
<td>5,718,40 €</td>
<td>3,515,12 €</td>
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**TOTAL**

|                      | 3,220,84 €  | 5,718,40 €  | 2,840,37 €  | 5,718,40 €  | 3,515,12 €  | 2,358,64 €  | 1,708,56 €  |
## ISPRM General Account 2010 Income/expense

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## Expenses

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83
Situation after 1st quarter 2011

### ISPRM General Account 2011

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**Total Income** | 36,791.33 | 36,791.33 | 36,791.33 | 36,791.33 | 36,791.33 | 36,791.33 | 36,791.33 |

### Expenses

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<th>Difference</th>
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**Subtotal** | 0.00 | 0.00 | 0.00 | 0.00 |

**Total Expenses** | 0.00 | 0.00 | 0.00 | 0.00 |

### ISPRM Balance Sheet 2011

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<th>Actual</th>
<th>Difference</th>
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**Total Assets** | 196,400.33 | 196,400.33 | 196,400.33 | 0.00 |

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<th>Difference</th>
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**Total Liabilities** | 151,255.33 | 151,255.33 | 151,255.33 | 0.00 |

**Net Worth** | 15,144.98 | 15,144.98 | 15,144.98 | 0.00 |
Appendixes
MANAGEMENT CONTRACT
Between ISPRM and XX

This contract is concluded by:

COMPANY XX established in CITY, COUNTRY, represented by N.N., Executive Director, hereafter called “XX”.

And

The International Society of Physical and Rehabilitation Medicine, represented by N.N., President and N.N. Treasurer, and N.N., the Secretary General, hereafter called “ISPRM”.

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1. **Subject**

The present contract is an agreement between XX and the ISPRM for the provision of services by XX as a Business Management Company (BMC) to ISPRM and acting as the Central Office of ISPRM.

2. **The Services of the Business Management Company**

The services of XX acting as ISPRM’s Central Office cover the following administrative, financial, archival and other activities as requested by ISPRM:

1. To appoint an Executive Director of ISPRM’s Central Office responsible for the timely delivery of the below listed services, and, if applicable additional Central Office Staff in accordance with the President of ISPRM.

2. To establish a permanent and legal address for ISPRM. The electronic address should be specific to ISPRM and include e-mail addresses of the ISPRM president, treasurer, secretary, vice presidents, and executive director.

3. To ensure that the operational activities of the ISPRM conform to its By-Laws, Policies and Procedures and other operating directives that its officers and Executive Committee have approved.

4. To include up to date versions of the By-Laws, Policies and Procedures and other operating directives among the records it maintains.

5. To advise regarding the legal status options available to the ISPRM and to manage all legal issues of the ISPRM. To secure Directors and Officers Errors and Omissions insurance.

6. To ensure that legal registration procedures of ISPRM are up-to-date according to the requirements of local legislation. To define the legal ISPRM entity, aiming at the creation of a Non-Profit Association.

7. To register ISPRM in a “hosting country” as a Non-profit Association and, if possible, as a Non-Governmental Organization.

8. To operate the Central Office and daily secretariat of ISPRM including the establishment and management of a membership data base, and bank accounts, and with sufficient communication methods such as telephone, fax and e-mail.

9. To maintain a bank account on behalf of ISPRM and a separate bank account for the International Educational and Development Fund of ISPRM. To maintain a separate financial file or book for the International Educational and Development Fund.

10. To pay taxes and all other legally required expenses on behalf of ISPRM and in accordance with the law of the country in which the Central Office/the ISPRM will be based.

11. To offer all logistic and secretarial support to ISPRM.

12. To keep electronically on a hard disc all the ISPRM documents, records and membership database. To send semi-annually a copy of the hard disc to the President of ISPRM.

13. To quarterly provide to the Website Committee and possibly an external website firm commissioned by this Committee an MS Excel list derived from the membership database (see above § 2.8) in order to enable ISPRM or its subcontractors to maintain a website membership database in line with the Central Office database. The list should contain the names, countries and e-mail addresses of all ISPRM individual members in good standing at the respective points in time.
14. To be the keeper of, and maintain, the original records, being the formal repository of the reports of committees and task forces.

   The original records including:
   a) Book of minutes of the meetings of President’s Cabinet, Executive Committee and Assembly of Delegates;
   b) Annual reports of all Committees;
   c) All editions of the By-Laws and Policies and Procedures as well as Appendices;
   d) Membership Date base;
   e) Positions papers;
   f) Correspondence - to be specified.
   g) ISPRM History
   h) Other records as directed by the ISPRM president.

15. To support further updates and development of the ISPRM website in association with the Website Committee. To update the webpage, and to act as a part of the back office, on a regular basis (public and private part), under the supervision of the Website Subcommittee.

16. To invoice and collect the annual membership fees including the sending out of reminder mailings, implementing all membership management in the name of ISPRM, and maintaining and updating the ISPRM membership data base (§ 2.8).

17. To be available on a daily basis to communicate with individual members and national, regional and international societies or companies. To answer inquiries about the ISPRM’s activities received from members or external sources. If unable to do so, to forward them to the Secretary for proper action.

18. To maintain a calendar of events.

19. To build international alliances with other appropriate organizations, under the supervision of the ISPRM president and all relevant ISPRM Committees.

20. To provide administrative support to the ISPRM’s Sponsorship Committee in order to obtain financial support and funding for ISPRM. To promote, at least annually, advertising activities among possible sponsors, namely pharmaceutical and technical companies, in accordance with the Chair of the Sponsoring Committee. To manage sponsorship for the society (increasing the number of sponsors, identifying possible sponsors, making contact with sponsors, donators and others)

21. To act as public relations office as requested by the President.

22. To prepare and plan meetings of the President’s Cabinet, the Executive Committee and Assembly of Delegates, including in collaboration with the Secretary and/or President to prepare the agenda, writing of the minutes, correction of the minutes, distribution of the minutes to whomever is eligible and to maintain a book of minutes for each group.

23. To prepare an electronic version of the ISPRM newsletter, News & Views, monthly if possible.

24. To assist Committee Chairpersons to arrange meetings and to distribute the minutes or reports of the Committees, and to keep a file of each Committee. To remind periodically chairs of committees and task forces of the deadlines they must meet. The Chairperson and/or Secretary of each ISPRM Committee is responsible for the preparation of the agenda and writing the minutes and reports of Committee Meetings. The Central Office (XX) is responsible for keeping a file of each. All Committees and Task Forces of ISPRM should inform the Central Office of their activities so that the Central Office can maintain adequate records of the Society’s activities.
25. To redirect any correspondence received at the Central Office to the proper Officer or Committee Chairman for action. To keep a file in the Central Office.

26. To facilitate communication with related societies and government agencies (such as WHO), and to arrange contacts with publishers, congresses, etc.

27. To assume the responsibilities for Annual ISPRM World Congresses. ISPRM considers three options of involvement by XX:

   a) To run the Central Office only and be present at the Annual ISPRM World Congress;
   b) To run Central Office and organize the Annual ISPRM World Congress;
   c) To run the Central Office and take over particular functions for the Annual ISPRM World Congress, namely: abstract handling, layout and printing of an abstract book, participant registration, and communication with the Local Professional Congress Organizer, appointed by the Local Organizing Committee.

28. To prepare, in the first year of the contract, with the President (or his designated delegate) a questionnaire to evaluate the annual services/activities of the Business Management Company. The questionnaire will be answered anonymously by the Executive Committee.

29. To prepare and answer to an annual external financial and organizational audit.

30. To provide transparent budget information through the employment and maintenance of budget software that can be accessed easily by the Executive Board.

3. Duration and cancelation periods

This contract is valid from January 1, 2012 until December 31, 2014.

At the end of 2012, it will be possible to modify or end the contract by both parties informing the other 90 days before the end of the first twelve month that either desires to modify or terminate the contract. Should the parties fail to agree on new provisions, the contract will automatically terminate after an additional 90 days.

Otherwise, the cancelation periods for both parties are six months.

4. Data protection

All documents and data treated in this contract are ISPRM property. XX is not allowed to use it for others purpose than those authorized by ISPRM. In the case of termination of the contract the Company will send 30 days before the termination date a copy of all the data and documents to the President (or his designated delegate). After additional 3 months, the company will erase all the data and documents concerning ISPRM, not keeping any document or data or distribute them to third parties.

5. Remuneration

To be negotiated.

- The remuneration package may include all or some of the following:
  - An annual rate;
  - Annual incentive based upon a performance review;
  - Incentives for exceeding sponsorship targets.

The President or a designee must give prior approval for all subcontractors to the Company serving on behalf of ISPRM. All activities of the Company beyond those described in the contract must gain the same approval.
6. Work Planning and Invoicing

XX acting as the Central Office of ISPRM will consult on a regular basis, preferably monthly and at least quarterly, with the President of ISPRM or his/her designee, who will provide input regarding operational activities to assure they meet the priorities of the ISPRM.

XX will send quarterly reports to the Treasurer, Secretary and President of ISPRM by the end of each quarter (March 31, June 30, September 30 and December 31), a detailed invoice at the end of each year which will be subject to review by the President’s Cabinet, and a yearly report two weeks prior to the Delegates Annual Assembly.

An internal and external financial audit will be conducted on alternate years.

7. Legal issues

In case of legal dispute, the courts of the country in which the Central Office (or its main branch) is based will have jurisdiction.

Signed in CITY, COUNTRY on ________________, 2011 in four copies, on which each party declares having received one copy.

_________________________   __________________________   ___________________________   ___________________________
N.N.                       N.N.                         N.N.                         N.N.
Executive Director         President of ISPRM         Treasurer of ISPRM           Secretary of ISPRM
Company

Appendix (optional)

Congress responsibilities:
1. To manage conference registration and abstract handling (including maintaining a constant standard of congress management) To negotiate contracts; prepare budgets; inspect and select venues; arrange logistics; schedule and make arrangements for speakers, special guests and council members; prepare and mail promotional and registrant confirmation materials; receive and record reservations; communicate with venues, prepare badges for pre-registrants; prepare board and speaker material packets; prepare certificates, plaques, gifts for speakers; handle on-site registration and monitor logistics; prepare final attendance report; make deposits, render invoices.
2. To cooperate closely in each event with Local Organizing Committees/Agencies.
3. To negotiate with local PCOs and congress committees about standards and income for the society.
4. Conference Insurance: to secure policies for loss of conference revenue due to acts of God.
1. **Rationale for a P&RM program of this design:**
   a. We need to present our discipline as being solidly grounded both in the basic sciences as well as clinical medicine, so students see the worth of a P&RM approach to patient care, and might later consider P&RM as a serious career possibility;
   b. It is more usually the case that P&RM is not allocated its own significant teaching time in a medical student program, so we need to build up joint teaching alliances with related medical specialties, to present the rehabilitative/restorative aspects of our treatment programs in relevant clinical contexts;
   c. This program outline is designed to allow for student teaching wherever P&RM activity is taking place, whether in inpatient areas, or in community settings. Universities are usually short of teaching staff, and will welcome volunteer teachers, whether in classroom or clinical/ward settings;
   d. The spectrum of chronic illness and the need for P&RM care, and the methods of teaching & learning will vary widely between different countries, and even within a single university. This discussion outline has therefore been drafted with maximal flexibility in mind, both regarding content and delivery techniques.

2. **P&RM teaching in the first year of a medical student program:**
   a. In first year, many programs concentrate on basic sciences, with a lesser focus on clinical exposure. We suggest four important topics with specific application to P&RM, and these should be taught from first principles within their respective basic sciences areas:
      i. Principles of the ICF model of understanding illness or injury, and the consequences to an individual and their environment. Introduction of the multi/interdisciplinary concepts to meet patient needs at various levels. **Topic Setting:** Human disease in its social context.
      ii. Adaptation to major changes in an individual’s life due to illness or injury. Introduction to psychological, social & environmental responses. **Topic Setting:** Human Psychology.
      iii. Physiology of muscles and exercise. Introduction to muscle training and strengthening, and restoration of muscle function after injury or disuse. Introduction to physical therapies and therapeutic exercise. **Topic Setting:** Musculoskeletal Physiology.
      iv. Physiology of nerve function. Introduction to nerve synapses, networks and neuroplasticity as fundamental to development and organisation of the neurological system, and its maintenance and repair. Introduction to methods of restorative and substitutionary neurotherapies. **Topic setting:** Neuronal Physiology.
   b. Each of these topics should at minimum receive one hour of lecture time. The aim is simply to introduce the principles underlying P&RM patient care programs as having a firm grounding in basic sciences research and knowledge, for later reinforcement in the more senior clinical years;
   c. We assume that medical students will receive standard basic sciences teaching in musculoskeletal and neuro anatomy; respiratory, cardiac and bone physiology etc. This can be reinforced and extended in teaching clinical topics in later years;
   d. Teaching of these four topics by clinicians in the basic sciences in the early years of a medical course will provide a powerful motivation for students seeing the relevance of basic sciences, and thus reinforcing their learning, as the topics are seen to relate to “real life medicine”;
   e. Where the curriculum has a problem-based learning structure, these four topics, appropriately modified, will need to be embedded in relevant problem contexts.

3. **P&RM teaching in the later clinical years of a medical student program:**
   a. As noted earlier, teaching of P&RM principles can and should be undertaken wherever medical students find themselves in learning environments which are also places where individuals are receiving P&RM and therapy programs. If students are coming to our inpatient ward or community setting to see patients, we should be involved in teaching both about the medical problems and their consequences in activity limitation and restriction in participation in activities.
   b. Rather than trying to get a block of teaching time that is exclusively devoted to P&RM teaching, it is often better to provide combined teaching in a P&RM “thread” that runs across several weeks in clinical units where rehabilitation occurs, in alliance with medical teachers from other disciplines. An important part of rehabilitation learning is observing longitudinal changes in patient status and functioning, as a result of therapy, and this cannot occur in the “brief time” approach to teaching.
   c. For example, many medical schools link clinical ward teaching in trauma either with neurology or orthopaedics, and others link orthopaedics with rheumatology.
d. Similarly, clinical teaching in ambulatory care settings may allow access to aged care, amputee and orthotics-needs patients, as well as those in community-based and home-focused rehabilitation programmes.

e. We advocate P&RM clinical teaching both in multidisciplinary team inpatient settings, as well as in ambulatory community-care settings, if possible and where both are available. Each setting has different end-points and emphases, and seeing both settings will help give students the full scope of understanding of the discipline of P&RM.

f. We suggest a three-week “thread” in inpatient settings in the early/mid part of the students’ clinical experiences, and a second three-week “thread” in community settings, later in the medical course. Each thread should comprise 25 – 35 hours of teaching and learning time.

g. If only one of these two main teaching settings is available, medical students can nevertheless gain an adequate understanding of the P&RM discipline.

4. Overall Program Goals for the Medical Graduate:
   a. Provide a clinical understanding that is broader than simply assessing presenting medical problems in planning for the care of individuals with illness or injury;
   b. Provide an awareness of physical and psycho-social issues in individuals with disability or chronic conditions;
   c. Provide an exposure to the goal-orientated and outcomes-measuring approach as basic to the multi/interdisciplinary team rehabilitation model of care;
   d. Provide an experience in communication systems that ensure smooth transitions in the continuum of medical care;
   e. Provide a basic level of knowledge in the diagnosis and rehabilitation care of relevant disabling illnesses and injuries, encountered frequently in their setting;
   f. Provide a basic level of knowledge in the prevention and restorative care of illnesses and complications which lead to impairment, activity limitation and participation restriction.

5. Achieved Student Knowledge:
   a. Distinguish concepts related to ‘functioning’ and ‘disability’ (as standardised in the ICF, WHO 2001), including impairment, activity limitation, participation restriction, and contextual/personal factors;
   b. Describe the underlying medical science, nature, extent and consequences of disability that can arise in: nervous system dysfunction (central or peripheral, and including developmental disability, stroke, brain and spinal cord trauma, MS, spina bifida and polio); musculoskeletal system dysfunction (including amputations, fractures and arthritis); and issues specific to disabling illness in children and older people;
   c. Discuss the impacts of pain, chronic illness and disability on patients and contextual factors such as their family or carers and their local community, and describe how intervention by members of the rehabilitation team may be effective in addressing these.

6. Demonstrable Student Skills:
   a. Demonstrate the necessary medical skills in history-taking and examination, needed for recording a comprehensive formulation of a patient’s current disease status and problems, including their functional limitations and living environment problems, and their possible desired goals in a rehabilitation programme;
   b. Access evidence on the effectiveness of therapeutic and allied health/nursing interventions to prevent secondary complications and minimise disability following illness or injury, and suggest which of these interventions may be appropriate for the care of an individual they have assessed;
   c. Demonstrate communication methods with patients, carers and other health professionals that are respectful in approach and clear in content;
   d. Demonstrate appropriate referral of patients to rehabilitation services at the commencement of programmes, and their return to primary care services at the completion of rehabilitation programmes, in the continuum of patient care.

7. Behaviours Exhibited Consistent with Desired Student Attributes:
   a. Focuses on a patient-centred ethos of care;
   b. Shows concern for all aspects of problems identified by the patient, including the social, cultural and economic aspects of their needs;
   c. Shows empathy with patients having disabilities due to chronic illnesses and injuries;
   d. Applies knowledge and skills gained in practical problem-solving and goal-setting in rehabilitation settings with individual patients.
8. **Teaching and Learning Environments:**
   a. These will vary widely between individual medical schools, and between teaching sites in a given medical school program, and will reflect community norms and medical teachers’ expectations and training.
   b. Nevertheless, given that adult learning occurs best in an environment that is balanced between group teaching, and individual experiential learning, an even balance between time allocated for direct-contact teaching (lectures, seminars, case-based discussions, formal clinical rounds) and unstructured self-directed learning (individual clinical/ward patient contacts, library research and e-learning) is recommended.
   c. P&RM provides an ideal environment for further modes of teaching and learning:
      i. Learning from patients, family/carers and community advocates as educators and teachers;
      ii. Inter-professional learning, with students and teachers in allied health and nursing programs.

9. **Student assessment:**
   a. Basic student knowledge is easily assessed in the common ways that are well known. Questions relevant to P&RM can be inserted into barrier examinations at each stage of medical student training;
   b. Student skills listed above can best be demonstrated and assessed in clinical examination settings, which are preferably constructed in a criterion referenced and standardised fashion, along the lines of ‘OSCE’ (objective structured clinical evaluation) station principles. Clinical evaluation, communication and problem formulation skills can all be evaluated in this way;
   c. These student skills, and self-directed reading and evidence-based medical practice skills can also be assessed by use of submitted case studies with a specific prescribed method of clinical description and an associated case assessment structure;
   d. Student attitudes are notoriously difficult to assess objectively, and may change rapidly once the student leaves the patient focused world of P&RM and returns to a more familiar setting in a medical or surgical ward! We must not underestimate the power of inspirational teaching in a rehabilitation environment however, or the use of inspirational patients as direct teachers of students. Likewise, patients are often the best assessors of student attitudes and should be asked about these, in the context of a recently-completed long patient contact, for example.

10. **Concluding Comments:**
    a. Student teaching is a challenging and fulfilling part of professional life for any medical specialist that wishes to participate;
    b. Our P&RM specialty is sufficiently distinct from nearly all other areas of medicine, in its patient centred approach, and the need to think and assess very broadly outside the merely medical approach to care; it comes across to students as a very different approach to patients and treatments, and for this reason alone will often stay in the background of their thinking for long periods of time;
    c. Because a rehabilitation focus should be a part of all medical thinking, we owe it to patients and to our students to give them this intellectual framework to apply in all clinical settings, for the best possible outcomes for patients and families;
    d. As a good individual rehabilitation doctor, we may benefit twenty, forty or more patients in an ordinary day of clinical work. As a good rehabilitation teacher, we can inspire our students to think about care that deals with real problems in real lives, with real positive outcomes. We can hugely multiply the benefit to many more patients by the number of medical students we teach. That is the pearl of teaching medical students!

A/Professor Andrew Cole, Chair, ISPRM Education Committee
Professor Ian Cameron, Chair, AOSPRM Education Committee

April 26th 2011.
ISPRM Education Committee
Minimum Curriculum for Residency Program

NEUROREHABILITATION

Competence: The ability to evaluate and manage impairment and disability related to neurological conditions and dysfunction.

At the end of the NEURO REHABILITATION program, residents should be able to:

• Perform comprehensive patient assessment to identify impairments, disabilities and handicaps resulting from most common neurological diseases and dysfunction
• Evaluate the potential for rehabilitation
• Formulate a rehabilitation management plan specifying necessary modalities of assessment and treatment as a result of the consultation with the patient, family and interdisciplinary team
• Review and co-ordinate patient management, involving the patient and family, in a regular basis
• Communicate effectively with team members, patient, family and other medical practitioners and agencies involved in the patient’s care
• Counsel and educate the patient and family with regard to the effects and consequences of neurological diseases

Knowledge:

• Demonstrate an understanding from a basic science and clinical perspective as well as understand the role of physiatry in treating patients with multiple sclerosis, motor neuron diseases, poliomyelitis and post-polio syndrome, myopathies and neuropathies

Multiple Sclerosis

• Epidemiology
  ♦ Incidence and prevalence
  ♦ Geographical distribution
  ♦ Mortality and morbidity
  ♦ Life expectancy
  ♦ Genetic and twin studies
• Etiological theories
  ♦ Autoimmune
  ♦ Infectious
  ♦ Environmental
  ♦ Genetic
• Pathogenesis
  ♦ progressive demyelination (early and late changes)
  ♦ areas of predilection in the brain
  ♦ role of blood brain barrier
  ♦ dynamic changes of plaque formation on MRI
• Pathophysiology
  ♦ progressive demyelination (early and late changes)
  ♦ areas of predilection in the brain
  ♦ role of blood brain barrier
  ♦ dynamic changes of plaque formation on MRI
• Immunological factors
  ♦ the role of T cells, cytokines, and B cells
• Clinical diagnostic criteria for MS
  ♦ Poser’s criteria
  ♦ definition of an “attack”
• Diagnostic investigations
  ♦ CSF findings, MRI, evoked potentials
• Clinical patterns of MS
  - relapsing-remitting
  - primary progressive
  - secondary progressive
  - benign
• medical management of acute and chronic disease: indications and effectiveness of the following drugs
  - intravenous and oral corticosteroids
  - IFNB - 1a; IFNB - 1b; Copolymer 1
  - immunosuppressive agents, including methotrexate, azathioprine and cyclophosphamide

• dysfunction related to MS
  ♦ weakness and fatigue
  ♦ visual disturbance: nystagmus, optic neuritis, ocular palsy
  ♦ ataxia and incoordination
  ♦ disturbance of balance
  ♦ sensory disturbance
  ♦ cognitive, affective and behavioural disorders
  ♦ bladder and bowel dysfunction
  ♦ spasticity
  ♦ dysphagia
  ♦ pain
  ♦ sexual dysfunction
  ♦ tremor
  ♦ psychosocial effects on patient and family

• factors influencing course of MS
  • pregnancy
  • fatigue and heat
  • stress
  • trauma
  • menopause

• rehabilitation assessment and management of disability resulting from MS
  ♦ importance of interdisciplinary team management
  ♦ assistance and management of disability for self care and mobility
    - functional retraining
    - task simplification
    - aids and orthotics) for mobility and self care
    - attendant care
  ♦ fatigue
    - common symptoms
    - symptomatic, pharmacologic and environmental approaches to management
    - therapeutic exercise to maintain strength, flexibility and functional capacity
  ♦ cognitive impairment
    - prevalence
    - types of impairment and associated psychiatric disturbance
    - techniques of management
  ♦ bladder dysfunction
    - types of impairment
    - techniques of management:
      - fluid management
      - articholinergic medication
      - intermittent self-catheterisation
      - urethral and suprapubic catheterisation
      - treatment of urinary infection
      - renal tract monitoring
  ♦ bowel dysfunction
    - dietary management, including fluid and fibre
    - medication including stool softeners and suppositories
  ♦ spasticity
    - identification of nociception
    - physical therapy including stretches
    - medication including diazepan, baclofen, dantrolene, nerve and motor point blocks, intrathecal baclofen, botulinum toxin
  ♦ swallowing and nutrition
- clinical evaluation including modified Barium swallow
- assessment of nutritional status
- treatment including dietary modification and posture
- enteral feeding including PEG

◆ speech
management of dysarthria, palatal weakness and dysphonia including remedial exercises, energy conservation techniques and communication aids

◆ sexual dysfunction
- prevalence
- types of dysfunction
- approaches to management

◆ tremor
- use of physical modalities and medication

◆ sensory disturbance and pain
- physical and drug management of dysaesthetic pain and secondary musculo skeletal pain

• tools for measurement of MS disability
  ◆ Kurtzke Expanded Disability Status Scale
  ◆ the Disability Profile
  ◆ quality of life evaluation

• issues pertaining to community care
  ◆ psychological adjustment of patient and family to disability
  ◆ vocational and avocational issues
    - work fitness
    - driving capacity
    - sport and leisure activities
  ◆ the role of the MS society, Royal Blind Society, patient support groups and community services

• factors associated with poor prognosis
  ◆ progressive course at onset
  ◆ male sex
  ◆ age greater than 40
  ◆ early cerebellar involvement
  ◆ early multiple system involvement

Myopathy and Peripheral nerves disorders

The types, pathophysiology, clinical and diagnostic features of myopathic and neuropathic disorders including:

Myopathy:
  • Duchenne Muscular Dystrophy
  • Becker Muscular Dystrophy
  • Myotonic Dystrophy and other myotonic disorders
  • Facioscapulohumeral Dystrophy
  • Scapuloperoneal Myopathies
  • Limb Girdle Syndrome
  • congenital myopathies, including central core disease
  • inflammatory, endocrine and toxic myopathies

Neuropathy:
  • Relevant anatomy, physiology and pathophysiology of the peripheral nervous system
    ◆ Anatomy of nerve roots, divisions, cords, peripheral branches
    ◆ Anatomy of the autonomic nervous system

Mononeuropathy, plexopathy, and polyneuropathies, with emphasis on:
  • carpal tunnel syndrome
  • ulnar and radial nerve neuropathies
  • mononeuritis multiplex
  • brachial plexus injury
  • thoracic outlet syndrome
  • femoral, sciatic and peroneal neuropathies
• axonal polyneuropathies:
  ♦ diabetic
  ♦ alcohol-related
  ♦ renal failure
  ♦ rheumatoid arthritis
  ♦ drugs
• demyelinating polyneuropathies, especially Guillain-Barre syndrome
• Congenital: Charcot-Marie-Tooth

Rehabilitation Management:
• electrodiagnostic findings in primary myopathic and neuropathic disorders
• rehabilitation management of disability related to myopathic and neuropathic disease, including:
  ♦ principles of therapeutic exercise for trunk and limb weakness and contracture
  ♦ prescription of appropriate aids and orthotics to promote functional independence in self-care, mobility, vocational, and leisure activities
  ♦ indications for surgical intervention in the management of progressive myopathic disease and entrapment neuropathy
  ♦ assessment of nutrition and indications for enteral feeding
  ♦ assessment of respiratory impairment; types and indications for respiratory support systems
  ♦ psychological issues
    - cognitive impairments in Duchenne and myotonic dystrophies
    - adjustment to chronic illness and disability in childhood and adult disease

Motor Neuron Disease (MND):
• epidemiology
  ♦ incidence and prevalence
  ♦ morbidity and mortality
• etiology of MND
  ♦ genetic forms
  ♦ viral and immune hypotheses
  ♦ clinical associations
• pathophysiology: current concepts
• clinical syndromes of MND
  ♦ amyotrophic lateral sclerosis
  ♦ progressive muscular atrophy
  ♦ progressive bulbar palsy
  ♦ primary lateral sclerosis
• diagnostic criteria and diagnostic categories
• laboratory investigations and electrodiagnostic evaluation
• differential diagnoses
• medical treatment: current concepts
• dysfunction related to MND
  ♦ axial and appendicular weakness
  ♦ fatigue
  ♦ joint contracture
  ♦ limb and bulbar spasticity
  ♦ respiratory insufficiency
  ♦ bulbar involvement
    - dysphonia and dysarthria
    - dysphagia
• rehabilitation management in MND
  ♦ principles and techniques of therapeutic exercise for trunk and limb weakness
  ♦ orthotic management of neck, upper limb and lower limb weakness, spasticity and contracture
  ♦ self-care and domestic activities: the use of aids, home modifications and techniques of energy conservation and task simplification
  ♦ mobility: the use of walking aids, and the prescription of suitable manual or electric wheelchairs and seating
  ♦ identification and management of significant medical co-morbidity
  ♦ maintenance of family and community integration
    - the role of outpatient and community rehabilitation
- assessment of work fitness/vocational options
- options for leisure and sport activity
- fitness for driving
- psychological support of the patient and family through progressive disablement
- the role of community and patient support organisations

♦ assessment and management of dysphonia and dysarthria, including
  - speech therapy
  - voice amplification techniques
  - alternative communication devices

♦ assessment and management of dysphagia
  - control of saliva
  - assessment of nutritional status
  - radiological assessment of swallowing
  - treatment including posture and dietary modification
  - indicators for and types of enteral feeding including PEG

♦ respiratory insufficiency
  - monitoring of respiratory function
  - maintenance chest physiotherapy
  - indications for airways suction
  - indications for and types of respiratory support systems

♦ principles of palliative care in late stage disease

Poliomyelitis and Post-Polio Syndrome:

- Poliomyelitis
  ♦ etiology and pathophysiology of acute poliomyelitis
  ♦ common features of acute illness
  ♦ mechanisms of recovery from acute illness
  ♦ principles of rehabilitation management of acute/subacute illness
  ♦ late-stage complications of severe poliomyelitis
  ♦ rehabilitation management of chronic stable impairments/disabilities

- Post-Polio Syndrome
  ♦ diagnostic criteria for post-polio syndrome
  ♦ common complaints and ADL dysfunction
  ♦ possible pathophysiological mechanisms
  ♦ the role of electro diagnostic evaluation
  ♦ rehabilitation management of common problems emphasising weakness/fatigue
    - pain
    - mobility
    - dysphagia
    - respiratory insufficiency

and including
  ♦ identification and treatment of secondary musculoskeletal disorders
  ♦ orthotic management
  ♦ mobility aids such as walking aids and wheelchairs
  ♦ weight reduction
  ♦ therapeutic exercise
  ♦ occupational/vocational adaptation
  ♦ the role of non-traditional therapies

Skills:

- Obtain a comprehensive history from the patient, family members and/or other care providers.
- Perform a relevant and organized physical examination of the nervous system motor examination, including respiratory muscles, sensory examination, reflex examination, autonomic examination
- Identify impairments resulting from neurological conditions such as multiple sclerosis, poliomyelitis, post-polio syndrome, myopathy, neuropathy or motor neuron diseases.
- Understand the difference of Lower Motor Neuron versus Upper Motor Neuron lesions
• Formulate an appropriate treatment plan for patients with neurological conditions such as multiple sclerosis, poliomyelitis, post-polio syndrome, myopathy, neuropathy or motor neuron diseases.
• Manage daily medical and rehabilitation issues in neurological patients such as with multiple sclerosis, poliomyelitis, post-polio syndrome, myopathy, neuropathy or motor neuron diseases.
• Write reports with a clear diagnosis and plan.
• Prepare and maintain complete and informative clinical records including consultation reports and medico legal reports.
• Communicate clearly and effectively with patients, family members and team members.
• Consult effectively with other physicians and health care professionals.
• Set appropriate quantifiable rehabilitation goals through collaboration with all team members, patient and family members.
• Demonstrate understanding of critical appraisal as applied to review of the multiple sclerosis rehabilitation literature and basic research methodology.
• Assess quality of life in patients with neurological conditions such as multiple sclerosis, poliomyelitis, post-polio syndrome, myopathy, neuropathy or motor neuron diseases.
• Prescribe appropriate assistive device including ambulation aids and orthotics.
• Assume a leadership role on the interdisciplinary rehabilitation team and effectively lead team and family conferences.

Attitudes:
• Demonstrate compassionate and caring professional attitude in dealings with patients and family members.
• Demonstrate respect and openness toward other team members, along with willingness to provide education to them, patients and their families.
• Demonstrate patient focused approach in management of the patients neurological conditions such as multiple sclerosis, poliomyelitis, post-polio syndrome, myopathy, neuropathy or motor neuron diseases, respecting patient’s own goals, cultural and other values.
• Demonstrate commitment to learning and evidence based practice.

Clinical Responsibilities:
• Day-to-day management of neurological patients with multiple sclerosis, poliomyelitis, post-polio syndrome, myopathy, neuropathy or motor neuron diseases.
• Attendance at weekly team meeting progress rounds.
• Attendance at neurorehabilitation consults.
• Attendance at neurorehabilitation outpatient clinic.

Suggested duration for neuro rehabilitation program:
2 months

Suggested Learning Resources:

Texts:

Journals:
Journal Rehabilitation Medicine
Journal Neurorehabilitation & Neurorepair
Journal of Neurological Rehabilitation
Prosthetics & Orthotics International
ISPRM Education Committee
Minimum Curriculum for Residency Program

Amputee Rehabilitation

**Competence:** The ability to evaluate and manage impairment and disability related to amputee patients and dysfunction.

**At the end of the AMPUTEE REHABILITATION program, residents should be able to:**

- Perform comprehensive patient assessment to identify impairments, disabilities and handicaps resulting from amputee and dysfunction
- Evaluate the potential for rehabilitation
- Formulate a rehabilitation management plan specifying necessary modalities of assessment and treatment as a result of the consultation with the patient, family and interdisciplinary team
- Review and co-ordinate patient management, involving the patient and family, in a regular basis
- Communicate effectively with team members, patient, family and other medical practitioners and agencies involved in the patient’s care
- Counsel and educate the patient and family with regard to the effects and consequences of amputation

**Knowledge:**

- Anatomy, physiology and pathophysiology of the neuromusculoskeletal system
- Biomechanics of human motion including upper extremity function, lower extremity function and gait analysis
- Most common prosthetic fabrication
- Prosthetic components, including advantages and disadvantages
- Epidemiology
  - Incidence and prevalence
  - Mortality and morbidity
  - Costs – including amputation, prosthesis and rehabilitation
  - Long term outcomes
- Pathogenesis
  - Congenital amputations
  - Acquired amputations, with emphasis on peripheral vascular disease, diabetes and trauma
- Level of amputation and operative techniques
- Characteristics of the "IDEAL STUMP"
- Early systemic and local post-operative complications
- Early and late stump problems
- Phantom sensation, phantom and stump pain
- Functional capacity of the amputee
- Gait deviations of the lower extremity amputee
- Psychological aspects of amputation
- Educational exposure to medicolegal issues and reports pertaining to amputee rehabilitation

**Skills:**

- Obtain a comprehensive and organized history from the patient, family members and/or other care providers both for pre-operative and postoperative conditions.
- Perform a relevant and organized physical examination both for the pre-operative and post-operative conditions.
- Identify impairments resulting from the amputation and etiological factors.
- Perform sensory tests at the stump and contralateral noninvolved limb.
- Formulate an appropriate treatment plan for patients with amputation, including medical, physical, functional, psychological and socio-economic issues:
  - Medical
    - Medications for peripheral vascular disease
    - Monitor glicemia and diabetes
    - Stump care and hygiene
    - Stump and phantom pain
  - Physical therapy
    - Stump shaping/care using bandaging
    - Therapeutic exercise
Pain control using modalities such as TENS
• Pre-prosthetic training
• Prosthetic training
• Long-term management
- Occupational therapy
  • ADL
  • Energy conservation
  • Vocational training
- Psychological
  • Personal counseling
  • Family counseling
- Orthotists and prosthetists
  • Prosthesis fitting and adjustments
- Prescribe appropriate medical, physical, occupational, and psychosocial therapy and explain their indications, precautions, and contra-indications
- Identify and explain the indications and contraindications for prosthetic use
- Manage daily medical and rehabilitation issues in amputee patients.
- Write an appropriate prosthetic prescription for upper and lower extremity amputees and demonstrate the ability to "check-out" the prosthesis
- Perform desensitization maneuvers at the stump
- Identify the need of stump revision and neuroma surgery
- Write reports with a clear diagnosis and plan.
- Prepare and maintain complete and informative clinical records including consultation reports and medico legal reports.
- Communicate clearly and effectively with patients, family members and team members.
- Consult effectively with other physicians and health care professionals.
- Set appropriate quantifiable rehabilitation goals through collaboration with all team members, patient and family members.
- Assume a leadership role on the interdisciplinary rehabilitation team and effectively lead an interdisciplinary amputee rehabilitation team.

Attitudes:
- Demonstrate compassionate and caring professional attitude in dealings with patients and family members.
- Demonstrate respect and openness toward other team members, along with willingness to provide education to them, patients and their families
- Demonstrate patient focused approach in management of the amputee patient, respecting patient’s own goals, cultural and other values
- Demonstrate commitment to learning and evidence based practice

Clinical Responsibilities:
- Day-to-day management of amputee patients
- Attendance at weekly team meeting progress rounds.
- Attendance at amputee consults.
- Attendance at amputee outpatient clinic.

Suggested duration for amputee rehabilitation program: 3 months

Suggested Learning Resources:

Texts:
Journal Rehabilitation Medicine
Prosthetics & Orthotics International
ISPRM Education Committee  
Minimum Curriculum for Residency Program

Pulmonary Rehabilitation

Competence: The ability to evaluate and manage impairment and disability related to lung diseases and dysfunction.

At the end of the PULMONARY REHABILITATION program, residents should be able to:

• Perform comprehensive patient assessment to identify impairments, disabilities and handicaps resulting from lung diseases and dysfunction
• Evaluate the potential for rehabilitation
• Formulate a rehabilitation management plan specifying necessary modalities of assessment and treatment as a result of the consultation with the patient, family and interdisciplinary team
• Review and co-ordinate patient management, involving the patient and family, in a regular basis
• Communicate effectively with team members, patient, family and other medical practitioners and agencies involved in the patient’s care
• Counsel and educate the patient and family with regard to the effects and consequences of lung diseases

Knowledge:

• Relevant pulmonary anatomy and physiology
• Clinical knowledge of chronic obstructive lung disease and restrictive lung disease long-term expectations in prognosis of patients with chronic pulmonary diseases, and in particular, to understand the ethical concerns regarding use of chronic mechanically-assisted ventilation
• Indications for long-term mechanical ventilatory support, the various modalities available for such support, the selection of invasive versus non-invasive equipment as well as domiciliary versus institutional ventilation.
• Management of patients undergoing respiratory rehabilitation, both in-patient or out-patient programs, including outcome evaluation, oxygen therapy, pharmacological intervention, natural history, supervised exercise training, and the role of the multidisciplinary health care team
• Indications, modalities of supplying, monitoring equipment, associated costs and clinical outcomes of oxygen therapy
• List of problems caused by nocturnal desaturation or exercise induced desaturation as standalone findings
• Understand the prevalence and presentation of both typical and atypical mycobacterial lung diseases and their management in an ambulatory setting. In addition, to understand the role of an institutional setting for complicated cases and for multiple drug resistant tuberculosis
• Understand the influence of sleep on ventilatory function in chronic respiratory diseases, especially chronic obstructive pulmonary disorders and thoracic restrictive disease

Skills:

• Obtain a comprehensive physical and functional history from the respiratory patient, family members and/or other care providers.
• Perform a relevant and organized physical and functional examination on a patient with a respiratory disorder.
• Identify impairments resulting from respiratory disorders.
• Formulate an appropriate treatment plan for patients with amputation, including medical, physical, functional, psychological and socio-economic issues.
• Indicate, justify and interpret most common exams:
  ♦ chest x-ray
  ♦ V/Q Scans
  ♦ Blood gases
  ♦ Pulmonary function studies
  ♦ Exercise testing
  ♦ Ear oximetry
  ♦ Sleep studies
  ♦ Psychological testing
• Understand the basis for prescribing medical, physical, occupational, psychological, and socio-economic and surgical procedures:
  • Medical
    ♦ Medications for peripheral vascular disease
    ♦ Monitor glicemia and diabetes
    ♦ Stump care and hygiene
    ♦ Stump and phantom pain
Bronchodilators
Pulmonary antibiotics
Oxygen therapy for hospital use or portable
Assisted ventilation

- Physical therapy
  - Pulmonary hygiene techniques
  - Breathing techniques
  - Pulmonary exercise programs
- Occupational therapy
  - ADL
  - Energy conservation
  - Job modifications
- Psychological
  - Personal counseling
  - Family counseling
- Surgical
  - Tracheotomy
  - Phrenic stimulation
- Prescribe adaptative devices
  - Assistive devices
  - Wheelchairs
  - Scooters
  - Environmental modifications

Attitudes:
- Demonstrate compassionate and caring professional attitude in dealings with patients and family members.
- Demonstrate respect and openness toward other team members, along with willingness to provide education to them, patients and their families.
- Demonstrate patient focused approach in management of the pulmonary disabled patients, respecting patient’s own goals, cultural and other values.
- Demonstrate commitment to learning and evidence based practice.

Clinical Responsibilities:
- Day-to-day management of pulmonary patients
- Attendance at weekly team meeting progress rounds.
- Attendance at pulmonary rehabilitation consults.
- Attendance at pulmonary outpatient clinic.

Suggested duration for pulmonary rehabilitation program:
Elective – 1 to 2 months

Suggested Learning Resources:

Texts:

Journals:
Journal Rehabilitation Medicine
Lung
ISPRM Education Committee
Minimum Curriculum for Residency Program

MUSCULOSKELETAL

**Competence:** The ability to evaluate and manage impairment and disability related to musculoskeletal disorders and dysfunction.

**At the end of the MUSCULOSKELETAL program, residents should be able to:**

- Perform comprehensive patient assessment to identify impairments, disabilities and handicaps resulting from musculoskeletal problems and dysfunction
- Evaluate the potential for rehabilitation
- Formulate a rehabilitation management plan specifying necessary modalities of assessment and treatment as a result of the consultation with the patient, family and interdisciplinary team
- Review and co-ordinate patient management, involving the patient and family, in a regular basis
- Communicate effectively with team members, patient, family and other medical practitioners and agencies involved in the patient’s care
- Counsel and educate the patient and family with regard to the effects and consequences of musculoskeletal disorders

**Knowledge:**

- Relevant anatomy, physiology and pathophysiology of the MSK system
  - Anatomy and physiology of the muscle
  - Anatomy and physiology of the tendon
  - Anatomy and physiology of the joint
  - Anatomy and physiology of the bone
- Epidemiology
  - Incidence and prevalence
  - Morbidity
  - Costs
  - Long term outcomes
- Biomechanics of joint movement
- Normal gait and abnormal gait
- Common soft tissue disorders such as myofascial pain syndrome, fibromyalgia, enthesopathies, tendinitis and bursitis
- Common bone disorders such as fractures, osteomyelitis, metabolic bone disease, primary and secondary bone tumors
- Common congenital joint disorders such as CDH and club foot
- Common inflammatory joint diseases such as rheumatoid arthritis, psoriatic arthritis, spondyloarthropathies, Lupus erythematosus systemic, crystal induced arthropathy
- Complex regional pain syndromes types I and II
- Myopathies
- Regional musculoskeletal anatomy, biomechanics and the most common pathological entities
- Laboratory investigations and other types of investigations commonly utilized in the practice of MSK medicine.
- Imaging studies
  - Abnormalities in MSK imaging studies that may be present in asymptomatic individuals
  - Abnormalities in MSK imaging studies that may be present in most common pathological entities
  - Limitations and advantages of specific MSK imaging study with respect to specific disease entities
  - Complications of MSK imaging studies
- Assistive devices (e.g. walking aids, upper and lower extremity orthoses)
- Most common surgical procedures used in the management of the MSK conditions such as soft tissue releases, arthrotomies, osteotomies, arthroplasties, arthrodesis
- Educational exposure to medico legal issues and reports pertaining to MSK

**Skills:**

- Obtain a comprehensive history from the patient, family members and/or other care providers
- Perform a comprehensive and relevant physical examination of the MSK system, including inspection, palpation according to anatomical bony landmarks, muscle tenderness, range of motion, neurovascular testing of motor (by spinal segment – myotomal), sensory (by sensory segment – dermatomal), deep tendon reflexes, special tests for each anatomical region and functional tests
- Identify all types of impairments resulting from the pathology of the MSK system
• Plan the appropriate course of investigations:
  ♦ hematology
  ♦ biochemistry
  ♦ special chemistry (eg. serum lead levels)
  ♦ serological studies
  ♦ muscle enzymes
  ♦ electrodiagnostic studies
  ♦ biopsy of nerve and/or muscle
  ♦ Psychological testing

• Select appropriate imaging studies in the investigation of patients with musculoskeletal disease and interpret the results of the imaging studies

• Formulate differential diagnosis

• Formulate an appropriate treatment plan

• Understand the basis for prescribing medical, physical, occupational, psychological, and socio-economic and surgical procedures:
  • Medical
    ♦ analgesics - simple, narcotic, other
    ♦ vitamin replacement
  • Physical therapy
    ♦ modalities for pain relief (heat, cold, TNS biofeedback)
    ♦ therapeutic exercise
  • Occupational therapy
    ♦ ADL
    ♦ Energy conservation
    ♦ Vocational training
    ♦ Splinting
  • Psychological
    ♦ Personal counseling
    ♦ Family counseling
    ♦ Vocational and avocational
  • Surgical
    ♦ tendon transfers, releases
    ♦ procedures for pain relief (implants, ablation)
    ♦ joint stabilization
    ♦ nerve repair, grafts

• Perform joint injections under eco localization
• Administer soft tissue and/or joint injections
• Manage daily medical and rehabilitation needs of patients with MSK disorders
• Communicate clearly and effectively with patients, family members and team members.
• Consult effectively with other physicians and health care professionals.
• Prescribe appropriate assistive device including ambulation aids and orthotics.
• Assume a leadership role on the interdisciplinary rehabilitation team and effectively lead team and family conferences.

Attitudes:
• Demonstrate compassionate and caring professional attitude in dealings with patients and family members.
• Demonstrate respect and openness toward other team members, along with willingness to provide education to them, patients and their families
• Demonstrate patient focused approach in management of patients suffering from MSK diseases
• Demonstrate commitment to learning and evidence based practice

Suggested duration for musculoskeletal program: 12 months, divided into levels:
First year residents: should achieve skills in history, physical examination, interpretation of basic data including laboratory studies, x-rays, and MRI as well as initial prescription of treatment including therapy modalities.
Second year residents should develop more advanced management and treatment skills as well as management of more difficult patients.
Senior residents (third and fourth year depending on the program) should achieve skills in treatment techniques that include injections and should be able to manage patients on their own.
Competence: The ability to evaluate and manage impairment and disability related to stroke and dysfunction.

At the end of the STROKE program, residents should be able to:

- Perform comprehensive patient assessment to identify impairments, disabilities and handicaps resulting from stroke and dysfunction, and evaluates the potential for rehabilitation
- Evaluate the potential for rehabilitation
- Formulate a rehabilitation management plan specifying necessary modalities of assessment and treatment as a result of the consultation with the patient, family and interdisciplinary team
- Review and co-ordinate patient management, involving the patient and family, in a regular basis
- Communicate effectively with team members, patient, family and other medical practitioners and agencies involved in the patient’s care
- Counsel and educate the patient and family with regard to the effects and consequences of stroke or other neurological diseases

Knowledge:

- Relevant neuroanatomy and neurophysiology of cerebrovascular ischemia and bleeding
- Epidemiology
  - Incidence and prevalence
  - Mortality and morbidity
  - Costs
  - Short and long term outcomes
- Pathogenesis – Diagnosis - Neuroimaging
  - Thrombotic
  - Embolic
  - Lacunar
  - Haemorrhagic
- Risk factors
  - Age
  - Gender
  - Past history of TIA/CVA
  - Hypertension
  - Past history of cardiovascular disease and or peripheral vascular disease
  - Atrial fibrillation
  - Diabetes mellitus
  - Dyslipidemia
  - Hyperlipoproteinaemia
  - Hypercoagulability
  - Trombophilia
  - Smoking
  - Alcohol use
  - Morbid obesity
  - Vasculitis
  - Carcinomatosis
  - Carotid stenosis
- Most common stroke syndromes
  - anterior cerebral artery
  - middle cerebral artery
  - posterior cerebral artery
  - brain stem
- The role of brain-imaging techniques
  - CT scan
  - MRI
- The role of other diagnostic investigations
  - transthoracic and transoesophageal echocardiography
  - contrast carotid angiography
♦ carotid ultrasonography
♦ digital subtraction angiography
♦ PET and SPECT

• Medical management of acute stroke
• Secondary prevention
  ♦ antithrombotics
  ♦ anticoagulants
  ♦ statines
  ♦ ace-inhibitors
  ♦ folate
  ♦ vitamin B

• Treatment of coexisting disease
  ♦ hypertension
  ♦ peptic ulcers
  ♦ depression

• Prevention and treatment of complications
  ♦ aspiration pneumonia
  ♦ urinary tract infection
  ♦ pressure sores
  ♦ deep vein thrombosis
  ♦ pulmonary embolism
  ♦ upper gastrointestinal tract bleeding
  ♦ post stroke depression
  ♦ anxiety
  ♦ hypoarousal
  ♦ motivational problems
  ♦ post-stroke epilepsy
  ♦ post hemorrhage hydrocephalus
  ♦ post stroke neuropathic pain

• Pharmacological management of cerebrovascular disease, including the indications for and effectiveness of
  ♦ thrombolytic therapy
  ♦ aspirin
  ♦ dipyridamole (Persantin)
  ♦ anticoagulants (heparin, warfarin)
  ♦ ticlopidine
  ♦ statines
  ♦ ace-inhibitors
  ♦ folate
  ♦ vitamin B

• Surgical management of cerebrovascular disease, including
  ♦ carotid endarterectomy

• Theories of neurological recovery following acute stroke

• Oriented assessment of structural impairment and damage according to involved areas
  ♦ frontal lobes
  ♦ left peri-Sylvian regions
  ♦ right peri-Sylvian regions
  ♦ occipito-temporal regions
  ♦ occipito-parietal regions

• Rehabilitation management of stroke deficit
  - therapy for motor deficit, including
    ♦ neurofacilitatory techniques
    ♦ biofeedback
    ♦ FES
  - therapy for sensory dysfunction
  - causes and management of the painful hemiplegic shoulder
  - upper limb complications, including
    ♦ glenohumeral subluxation
    ♦ oedema
    ♦ sympathetic-maintained pain
  - management of upper limb spasticity
♦ techniques of physical therapy
♦ indications for and types of upper limb orthotics
♦ pharmacological treatment, including diazepam, dantrolene and baclofen
♦ chemical neurolysis including phenol, alcohol and botulinum toxin
♦ surgical treatment, including management of deformity at the shoulder, elbow, wrist and hand
- physical therapy of lower limb deficits
  ♦ patterns of weakness and gait deviation
  ♦ indications for and types of lower limb orthotics
  ♦ indications for and types of walking aids
- the prescription of manual and powered wheelchairs for permanent locomotor disability
- pressure area care and the management of pressure sores
- voiding dysfunction, including
  ♦ incidence
  ♦ types
  ♦ management, including bladder retraining, drugs and catheterisation
- bowel dysfunction, including
  ♦ types
  ♦ management, including diet and drug management
- sexual dysfunction, including
  ♦ incidence
  ♦ types
  ♦ management, including counselling and education
- dysphagia and nutrition
  ♦ common swallowing disorders
  ♦ clinical assessment of swallowing and nutritional status, including the modified Barium swallow (videofluoroscopy)
  ♦ management, including postural and dietary modification, and medical monitoring; indications for PEG feeding
- osteoporosis
  ♦ common sites of involvement
  ♦ prevention
  ♦ management, including pharmacological and non pharmacological interventions: indications, contraindications and dosage
- communication disorders, including types of dysphasia, apraxia and dysarthria
- cognitive/perceptual dysfunction
  ♦ types of impairment
  ♦ assessment tools, including neuropsychological evaluation
  ♦ techniques of retraining
  ♦ impact of cognitive/perceptual dysfunction on functional outcome
- psychiatric complications of stroke, including adjustment, depression and anxiety
  ♦ incidence
  ♦ neuroanatomical correlates
  ♦ natural history
  ♦ pharmacological therapy
♦ community reintegration
  - resumption of family and social roles
  - vocational resettlement: assessment of work capacity
  - fitness for driving
♦ positive and negative predictors of functional recovery
♦ stroke rehabilitation outcomes, including recent studies of the effectiveness of in-patient, outpatient and community rehabilitation
♦ assessment of “quality of life” following stroke

Skills:
- Obtain a comprehensive history from the patient, family members and/or other care providers.
- Perform a relevant physical examination.
- Identify impairments, disability and handicap resulting from stroke.
- Organize a coherent list of tasks and objectives to guide follow-up of the patient throughout the rehabilitation period including the disease processes, control of risk factors, secondary prevention
- Formulate an appropriate treatment plan for patients with stroke.
• Manage daily medical and rehabilitation issues in stroke patients.
• Write reports with a clear diagnosis and plan.
• Prepare and maintain complete and informative clinical records including consultation reports and medico legal reports.
• Communicate clearly and effectively with patients, family members and team members.
• Consult effectively with other physicians and health care professionals.
• Develop understanding and techniques to use alternative means of communication to interact with an aphasic patient.
• Set appropriate quantifiable rehabilitation goals through collaboration with all team members, patient and family members.
• Demonstrate understanding of critical appraisal as applied to review of the stroke rehabilitation literature and basic research methodology.
• Assess quality of life in stroke survivors.
• Prescribe appropriate assistive device including ambulation aids and orthotics.
• Assume a leadership role on the interdisciplinary rehabilitation team and effectively lead team and family conferences.

Attitudes:
• Demonstrate compassionate and caring professional attitude in dealings with patients and family members.
• Demonstrate respect and openness toward other team members, along with willingness to provide education to them, patients and their families
• Demonstrate patient focused approach in management of the stroke victim, respecting patient’s own goals, cultural and other values
• Demonstrate commitment to learning and evidence based practice

Clinical Responsibilities:
• Day-to-day management of stroke patients
• Attendance at weekly team meeting progress rounds.
• Attendance at stroke consults.
• Attendance at stroke outpatient clinic.

Suggested duration for stroke program: 4 months

Suggested Learning Resources:

Texts:

Journals:
Journal Rehabilitation Medicine
Stroke
Journal Neurorehabilitation & Neurorepear
Journal of Neurological Rehabilitation
Prosthetics & Orthotics International

Suggested future research in stroke patients:
• Develop information systems and technology, such as telemedicine, to facilitate transfer of patients to facilities that match their unique combination of needs and to deliver care most cost effectively.
• Apply computer simulation and virtual reality technology and adaptive skills such as activities of daily living and driving performance.
• Develop accurate and efficient screening batteries for cognitive, auditory, and visual impairment and developing rehabilitation programs for these disabilities.
• Investigate cost-effective ways to identify and treat comorbid conditions.
• Develop standardized treatment protocols for pain management in stroke survivors, notably poststroke neuropathic pain and shoulder pain.
• Study factors influencing metabolic changes after stroke, such as osteoporosis in the hemiplegic/hemiparetic limbs and alterations in mobility and lifestyle.
• Investigate cost-effective models for acute rehabilitation and training.
ISPRM Education Committee
Minimum Curriculum for Residency Program

Pediatric Rehabilitation

**Competence:** The ability to evaluate and manage impairment and disability related to pediatric diseases and dysfunction.

**At the end of the PEDIATRIC REHABILITATION program, residents should be able to:**

- Perform comprehensive child assessment to identify impairments, disabilities and handicaps resulting from pediatric diseases and dysfunction
- Evaluate the potential for rehabilitation
- Formulate a rehabilitation management plan specifying necessary modalities of assessment and treatment as a result of the consultation with the patient, family and interdisciplinary team
- Review and co-ordinate patient management, involving the patient and family, in a regular basis
- Communicate effectively with team members, patient, family and other medical practitioners and agencies involved in the patient’s care
- Counsel and educate the patient and family with regard to the effects and consequences of most common pediatric diseases that requires rehabilitation such as cerebral palsy, spina bifida, head injury, muscular dystrophy, scoliosis, juvenile arthritis, congenital hip dislocation (and other congenital disorders), Legge Perthes disease, juvenile amputees, slipped capital femoral epiphysis, club foot and arthrogryposis

**Knowledge:**

- Demonstrate an understanding from a basic science and clinical perspective as well as understand the role of physiatry in treating children with cerebral palsy, head injury, neural tube defects, muscular dystrophy, scoliosis, juvenile arthritis, congenital hip dislocation (and other congenital disorders), Legge Perthes disease, juvenile amputees, slipped capital femoral epiphysis, club foot and arthrogryposis
- Epidemiology
  - Incidence and prevalence
  - Mortality and morbidity
  - Costs
  - Long term outcomes
- Understand and explain the role of human genetic and genetic counseling as it relates to developmental disabilities
- Identify growth and developmental milestones of normal neuromusculoskeletal and cognitive development
- Understand the impact of abnormal milestones on the functional outcome of a disabled child.
- Most common pediatric syndromes
  - cerebral palsy
  - head injury
  - neural tube defects
  - muscular dystrophy
  - scoliosis,
  - juvenile arthritis,
  - congenital hip dislocation (and other congenital disorders)
  - Legge Perthes disease
  - juvenile amputees
  - slipped capital femoral epiphysis
  - club foot
  - arthrogryposis

- The role of brain-imaging techniques
  - CT scan
  - MRI
- Explain the role of exercise in the treatment of a disabled child
- Understand the impact of schooling programs, role of special education for disabled children
- Indicate how surgical techniques influence the outcome with paediatric neurological and musculoskeletal systems such as shunts, tendon lengthening, strabismus correction, tethered cord resection

**Skills:**

- Demonstrate an understanding of the specific interview techniques to obtain a relevant physical and functional paediatric history from the child and family
• Perform a relevant and organized physical and functional paediatric examination
• Identify impairments resulting from most common paediatric diseases
• Select and understand the role of appropriate investigation techniques such as CT scan, MRI scan, renal ultrasound, urodynamics, cystoscopy, blood work, Neuropsychology evaluation and electrodiagnostic studies
• Formulate an appropriate treatment plan for children with disabling syndromes
• Manage daily medical and rehabilitation issues in pediatric patients.
• Write reports with a clear diagnosis and plan
• Prescribe various adaptive devices for paediatric disability such as prosthetics, orthotics, wheelchair, writing aids, learning aids, augmentative communication, driver education, learning devices, environmental modifications
• Understand the medical and surgical management of spasticity and pain
• Recognize the alternatives of conservative versus surgical management based on the current understanding of neurophysiology, biomechanics and pathomechanics of the neurological and musculoskeletal systems

Attitudes:
• Recognize the role of each health care professional in management of paediatric disability
• Respects the role of family and “alternate caregivers” in the treatment of children
• Acknowledge the role and demonstrates an ability to treat in the face of increasing pressure on health economics

Suggested duration for pediatric rehabilitation program: 2 months
ISPRM Education Committee
Agenda for June 2011 Meeting

Date: Tuesday June 14th 2011
Time: 1530 – 1730 hrs
Venue: Chrysler Conference Room, Level 1, Puerto Rico Convention Centre

Meeting Business:
1. Welcome to those present & appointment of a minute secretary for the meeting;
2. Brief report of Committee activities since Limassol Oct 2010 ISPRM-EC meeting;
3. Discussion of P&RM Curriculum for Medical Students (discussion draft document attached);
4. Review of P&RM Core Curriculum documents for Residents (current documents attached);
5. Review of other ISPRM-EC educational activities;
6. Other Committee-related business;
7. Discussion of Committee meeting schedule between Puerto Rico 2011 and Atlanta 2012 ISPRM meetings:
   a. Late 2011 – suggest with Orlando AAPMR meeting;
   b. Mid 2012 – suggestions for European or Asian venue;
   c. Late 2012 – meeting at AAPMR/ISPRM Atlanta meeting.

Andrew M Cole
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Chairman,
ISPRM Education Committee
I. Mission

The mission of the International Society of Physical and Rehabilitation Medicine, hereinafter referred to as the Society, is

1. To be the pre-eminent scientific and educational international society for practitioners in the fields of Physical and Rehabilitation Medicine.
2. To improve the knowledge, skills and attitudes of physicians in the understanding of the pathodynamics and management of impairments and disabilities.
3. To help to improve the quality of life of people with impairments and disabilities.
4. To provide a mechanism to facilitate physical and rehabilitation medicine input to International Health Organizations.

II. Goals

The Goals of the Society are:

1. To influence rehabilitation policies and activities of international organizations interested in the analysis of functional capacity and improvement of the individual quality of life.
2. To help national professional organizations to influence national and local governments on issues related to the field of physical and rehabilitation medicine.
3. To encourage and support the development of a comprehensive medical Specialist in Physical and Rehabilitation Medicine.
4. To develop appropriate models for physician training and, therefore, involvement and participation in the physical and rehabilitation medicine process ensuring that their level of training is optimal for the required community needs.
5. To encourage a wide interest of physical and rehabilitation medicine in all physicians.
6. To provide means to facilitate research activities and communication at the international level.
7. To provide a mechanism to facilitate international exchange regarding different aspects of rehabilitation including disseminating information regarding rehabilitation-related meetings.

III. Membership

There shall be three categories of membership: National Society, Individual and Corporate Membership.

1. National Societies

Active National Society Membership shall be open to established National Societies of Physical and Rehabilitation Medicine – recognized as such in their own country – and whose membership is primarily composed of qualified physicians dedicated to the care of people with impairments and disabilities and the practice of Physical and Rehabilitation Medicine. Each National Society Active
Member shall be entitled to nominate one representative to the Assembly of Delegates with the right to vote. Members of each National Society are eligible to be elected to the Assembly of Delegates; however they will not be eligible to hold office or serve on the Executive Committee unless they are also Active Individual members of the International Society. Dues will be paid annually. If dues are not paid for two consecutive years, membership will be suspended. Suspended members cannot have representation on the Assembly of Delegates and have no right to vote.

Associate National Society Membership shall be open to any National Society of health professionals related to the field of Physical and Rehabilitation Medicine. Associate National Society members are entitled to attend all meetings and activities of the Society, but shall not have the right to have representation on the Assembly of Delegates or to hold office. Dues will be paid annually. If dues are not paid for two consecutive years, membership will be suspended.

2. **Individual**

Active Individual Membership shall be open to all physicians and surgeons qualified to practise in their own country, or retired from practice 5 years or less, who are interested in and/or concerned with the care of people with impairments and disabilities. Active members are entitled to nominate their representatives to the Assembly of Delegates who will have the right to vote and hold office. Active Individual Members are eligible to be elected or appointed to any position of the Assembly of Delegates and or Executive Committee. Dues will be paid annually. If dues are not paid for two consecutive years, membership will be suspended. Suspended members cannot have representation on the Assembly of Delegates and have no right to vote.

Individual Honour Role Membership shall be granted by the Executive Committee to any Active Member following a recommendation of the Awards Committee, as a mark of respect in recognition of distinguished contributions to the field of Physical and Rehabilitation Medicine. Honour Role Members have the same privileges as Active Members in good standing. They are entitled to attend meetings, vote, hold office and participate in any of the activities of the ISPRM. Dues will be waived.

Individual Emeritus Membership shall be granted by the Executive Committee to any Individual Active member who has been a member of the Society for at least ten years, is retired from full time professional activity and requested emeritus status. Dues will not be required.

Individual Associate Membership shall be open to individuals with a degree/diploma in a health care profession/discipline with primary interest in Physical and Rehabilitation Medicine and management of disabled people. Individual Associate members are entitled to attend all meetings and activities of the Society, but cannot become a member of the Assembly of Delegates, vote or hold office. Dues will be paid annually. If dues are not paid for two consecutive years, membership will be suspended. Suspended members will forfeit all rights of membership until the suspension is removed through the payment of dues.

Individual Honorary Membership shall be granted by the Executive Committee to any person who has made outstanding contributions to the management and care of people with impairments and disabilities. Honorary members shall be entitled to attend all meetings and activities of the Society, but shall not have the right to vote or to hold office. Dues will not be required.

3. **Corporate Membership**

This Membership shall be open to corporations, for profit or non-profit, who are interested in furthering the mission and goals of the Society and are prepared to make contributions towards these goals. Members shall be entitled to attend all meetings and activities of the Society, but shall not have the right to vote or hold office. Dues will be paid annually. If dues are not paid for two consecutive years, membership will be suspended.
IV. Assembly of Delegates (AD)

1. The Assembly of Delegates shall be presided over by the President of the Society and be responsible for the strategic decisions of the Society to include:
   a) Approving changes to the By-Laws
   b) Approving the accounts of the previous booking year
   c) Approving the actions of the Officers
   d) Selecting sites of the world congresses
   e) Approving strategic plans
   f) Approving collaborative plans
   g) Electing members of the Executive and Nominating Committees
   h) Removing officers who do not meet the standards of their offices
   i) Dissolving the Society

2. Composition of the AD
   a) All members of the Executive Committee as described by these By-Laws.
   b) One representative from each National Society.
   c) Representatives of Individual Active Members equal in number to the number of paid up National Societies that have paid by December 31 of the previous year.
   d) Executive Director (ex officio)

3. Election of the Assembly of Delegates
   a) The President-Elect shall become the President. The President shall hold the office until the next biannual election and shall also be the chair of the Assembly of Delegates. If the President is unable to assume or to continue as the President, the President-Elect shall fill the vacancy.
   b) Immediate Past President: automatic succession from President
   c) President-Elect: automatic succession from Vice-President
   d) Vice President: the Nominating Committee shall nominate the Vice-President. The nominee must have a Medical Degree, be a PRM specialist with 10 years experience, be in “good standing of practice” in his/her own country and professional organizations, and be an Individual Active Member of the ISPRM. The nominee could be up to 5 years after retirement from active practice, but she/he must be actively participating in organizational activities in PRM in his or her own country. The nomination must be submitted up to three months prior to the upcoming ISPRM Congress, accepted by the Executive Committee and approved by the Assembly of Delegates.
   e) Secretary, Treasurer, Regional Vice-President, Members at Large (Active National Societies and Active Individual Members), will be nominated by the Nominating Committee, approved by the Executive Committee and elected by the Assembly of Delegates.
   f) Representative of the National Societies will be nominated individually by each National Society six months or earlier prior to the upcoming biannual election. The term will be 2 years. The National Society can appoint an alternate.

4. The Assembly of Delegates (AOD) will meet at least every year with at least one meeting coincidental with the International Congress. Meetings and votes of the AOD between international congresses may be conducted electronically. At the physical meetings of the AOD, a quorum shall be the President or his delegate and at least 10 percent of the remaining Assembly members unless the AOD agenda includes revising the By-Laws, removing an Officer or dissolving the Society. The requirements for AOD action in these three circumstances appear late in these By-Laws.

5. Between meetings of the AOD, the EC will assume those responsibilities of the AD that it cannot accomplish through e-mail voting and that require action before the next AD meeting.

6. At AOD meetings, the President will present a report summarizing the major activities of the ISPRM since the last AOD meeting.
7. The AOD can remove an Officer after a hearing that determines the Officer failed to meet the standards of the office.

8. Annually, the AOD must approve the actions of all Officers that occurred since its last annual approval.

9. At AOD meetings, the President will present a report summarizing the major activities of the ISPRM since the last AOD meeting.

V. Executive Committee

1. The Executive Committee shall be formed by the following officers.
   - President
   - President-Elect
   - Vice-President
   - Immediate Past-President
   - Secretary
   - Assistant Secretary
   - Treasurer
   - Assistant Treasurer
   - Regional Vice-Presidents
   - Two Members at Large representing Active National Societies
   - Two Members at Large representing Active Individual Members
   - Executive Director (ex-officio)
   - Presidents of all upcoming Congresses (ex-officio)

2. Qualifications

   To be a member of the Executive Committee it shall be necessary (a) to have a Medical Doctor degree with a PRM specialist title or equivalent; (b) to have at least 10 years of PRM practice or national equivalent; (c) to be an active and participating member in national and international PRM or related organizations; (d) to be actively practising and/or participating in organizational activities in his/her own country and (e) to be an Active Member of the ISPRM (individually or through his/her National Society).

3. Terms and Methods of Selection

   a. President, one two year term, automatic succession from President-Elect
   b. President-Elect, one two year term, automatic succession from Vice-President
   c. Vice-President, one two year term, elected by Assembly of Delegates
   d. Immediate Past President, one two year term, automatic succession from President
   e. Secretary, two year term, maximum of two additional terms, elected by the Assembly of Delegates
   f. Assistant Secretary, two year term, maximum of two additional terms, appointed by President after ratification by the Executive Committee
   g. Treasurer, two year term, maximum of two additional terms, elected by the Assembly of Delegates
   h. Assistant Treasurer, two year term, maximum of two additional terms, appointed by the President after ratification of the Executive Committee
   i. Regional Vice-Presidents, two year term, maximum of one additional term, elected by the Assembly of Delegates
   j. Two Members at Large representing Active National Societies, two year term, maximum of one additional term, elected by the Assembly of Delegates
k. Two Members at Large representing Individual Active Members, two year term, maximum of one additional term, elected by the Assembly of Delegates

l. Executive Director, ex-officio

m. Presidents of all upcoming Congresses, ex-officio

4. Duties and Responsibilities of the Secretary

The Secretary with the help and assistance of the Executive Director will be responsible for: (a) keeping up to date the book of minutes of the Board of the Directors, Executive Committee and President’s Cabinet; (b) ensuring that annual membership fees, correspondence and general communications with all members are maintained regularly and periodically as established by By-Laws; (c) screening membership applications prior to presentation to the President’s Cabinet, Executive Committee for approval; (d) screening grant applications to the International Educational and Development Fund; (e) screening application to hold a World Congress; and (f) any other administrative activity in the routine operation of the Society.

5. Duties and Responsibilities of the Treasurer

The Treasurer with the help and assistance of the Executive Director will be responsible for (a) the preparation of budget estimates every second year and the interim annual budget, if indicated; (b) annual Account Balance of the assets and funds of the Society with clear indication of income and expenses as compared to the Budget Estimates; (c) making recommendations regarding any other financially related issues.

6. Duties of the Executive Director

The Executive Director is the responsible for the overall efficient operation of the business of the International Society in accordance with the contractual agreement. He/she is responsible to the Board and its President. However, he/she is expected to relate closely and to preliminarily report to the Secretary and Treasurer in all matters for which these two Officers are responsible as described in number 3 and 4 of this Policy and Procedure. It is also expected that he/she will help in the production but not necessarily in the writing of the News Letter.

7. Duties of the President

The President may make operational decisions without a formal vote of the President’s Cabinet if the ISPRM must complete these decisions within 15 days or the President’s Cabinet failed to provide a valid vote. In such situations, the President must seek the advice of as many members of the President’s Cabinet as possible before making decisions. If the President must make decisions without a formal vote of the President’s Cabinet or Executive Committee, he/she must prepare a report to these governing bodies outlining the circumstances of the decisions.

8. In the event the President is unable to complete his or her term of office, the president elect will assume the office.

9. In the event an Officer is unable to complete his or her term of office, the President and the Executive Committee will appoint a replacement to be approved by the Assembly of Delegates at its next meeting.

10. The President with the approval of the Executive Committee can appoint six Active Individual Members to form a Review Panel to evaluate whether an Officer has failed to meet the standards of his or her office. The Review Panel will submit its recommendations to the AOD, which may remove the Officer, provided at least a quorum is present and 2/3rds of those voting approve the removal.

11. The members of the Executive Committee shall be elected and/or appointed as outlined in the Policies and Procedures.
12. The Executive Committee shall meet at least once per year.

13. The Executive Committee will be responsible for all ISPRM operational decisions as delegated to it by the Assembly of Delegates with two exceptions:
   i. If a decision has to be made within 30 days
   ii. If the Executive Committee fails to have a valid vote because too few of its members returned their votes

VI. President’s Cabinet

The President’s Cabinet will consist of the President, Past-President, President-Elect, Secretary and Treasurer. The Cabinet will be responsible for those ISPRM operational decisions referred to it by the President, either because the ISPRM must complete a decision within 30 days, or the Executive Committee failed to provide a vote.

The President’s Cabinet shall meet at least once per year and in addition it can meet formally or informally (telephone, e-mail, etc) as often as necessary.

VII. Council of Presidents

The Council of Presidents shall be formed by all Past-Presidents of the Society. In addition the past Presidents of two founding organizations (IFPMR and IRMA) shall be also invited to join this Council. The Chair of the Council will be automatically occupied by the immediate Past-President of the ISPRM for a two years term and it will be recognized as Honorary President and Honorary Chairman of the Council of Presidents. This Council shall act only a consultative capacity and does not have any executive and/or administrative role in the affairs of the ISPRM.

VIII. World Congress

1. A world congress shall be held every year. Applications to hold the Congress will follow the process described in the Policies and Procedures.

2. The Assembly of Delegates following recommendation of the Executive Committee and according to the regulations established in the Policies and Procedures shall approve the site and timing of the Congress.

IX. Committees

1. There will be a Nominating Committee to be chaired by the Past-President and comprised of six additional members to be elected by the Assembly of Delegates. These members are each to represent a different Country. This Committee is to nominate the candidates for the offices of Vice-President, Secretary, Treasurer, Regional Vice-Presidents and Members at large. The term of the Committee members is two years.

2. The President with the approval of the Executive Committee may create Committees and Task Forces to further the mission, goals and objectives of the Society. The terms of reference and composition of each Committee shall be approved by the Executive Committee and thereafter will be integrated into the Policies and Procedures.

3. The President with the approval of the Executive Committee shall appoint the chairs and members of all committees except as otherwise designated in these By-Laws or the Policies and Procedures.
X. Voting Procedures

1. The President’s Cabinet, Executive Committee, Assembly of Delegates, all committees and all task forces of the ISPRM: may pass motions through e-mail or web based electronic voting. The only exceptions to this provision are when the AOD votes on amending the By-Laws, removing an Officer and dissolving the Society.
   a. Section XVI of these By-Laws includes the procedures for amending the By-Laws.
   b. Section V, 10 of these By-Laws includes the procedures for removing an Officer.
   c. Section XVII of these By-Laws includes the procedures for dissolving the Society.

2. Assembly of Delegates: for a motion to pass at least forty percent of its voting members must vote and a majority of these must approve passing the motion. For an individual vote to be valid the distributing officer or the Central Office must receive it within 90 days from the time the officer or the Central Office distributed the motion.

3. Executive Committee: for a motion to pass at least 40% of its voting members must vote and a majority of these must approve passing the motion. For an individual vote to be valid the distributing officer or the Central Office must receive it within 30 days from the time the officer or the Central Office distributed the motion.

4. President’s Cabinet: for a motion to pass at least 60% of its voting members must vote and a majority of these must approve passing the motion. For an individual vote to be valid the distributing officer or the Central Office must receive it within 15 days from the time the officer or the Central Office distributed the motion.

5. Committees and Task Forces: for committee or task force report recommendations, the chairs may determine the number of committee members who need to vote, the number that must approve the recommendations and the time by which committee members must submit their votes.

X. Affiliations

The Society shall apply to become affiliated with World Health Organization and other international organizations as determined by the Assembly of Delegates.

XI. International Educational and Development Fund

The ISPRM International Education and Development Fund is created in accordance with the agreement outlined in the Charter Document. The operation of this Fund is described in the Policies and Procedures.

XII. Official Language

1. The official language of all materials of the Society shall be English.

2. The official language at all Congresses shall be English.

XIII. General Business

1. The accounting and fiscal year of the Society shall be the calendar year or as determined and or required by the laws and regulation of the country where the Society is officially registered.

2. Income and property of the Society shall be applied solely towards the promotion of the mission of the Society. No portion thereof shall be paid or transferred in any way to the financial advantage of any member of the Society.

3. The Society accounts shall be audited as recommended by the Executive Committee.
XIV. History and Archives

The Society will have an Active File recording past and future history of the International Society of Physical and Rehabilitation Medicine. This file shall have the following chapters: (1) Creation of the ISPRM. (2) History of the International Federation of Physical Medicine and Rehabilitation. (3) History of the International Rehabilitation Medicine Association. (4) Subsequent Chapters to be written every two years with a summary of the activities of the ISPRM during each period and (5) Honours and Awards (this chapter must include the names of those who were honoured by the IFPMR and IRMA prior to the creation of the ISPRM).

A Historian will be appointed every two years by the President’s Cabinet for this purpose; however, maintenance of this File will be the responsibility of the Secretary of the Society assisted by the Executive Director.

XV. Amendments of the By-Laws

1. Notice to amend or alter these By-Laws may be submitted by any Active Individual Member or Active National Society Member to the Secretary and Executive Director of the Society.

2. The Presidents Cabinet after studying the proposal shall decide within 2 months whether or not it supports the proposed changes. It shall inform the submitter accordingly.

3. If the President’s Cabinet supports the proposal, it shall be presented to the Assembly of Delegates for consideration at its next scheduled meeting. If a proposed change is placed on the agenda of a regular Assembly of Delegates Meeting, it must be distributed at least 90 days before the meeting.

At least 2/3rds of the delegates of the AOD must be present at a meeting that votes for the first time on an amendment to the By-Laws. For the amendment to pass, 2/3rds of those present must agree.

If the 2/3rds quorum or 2/3rds favorable vote does not occur the first time the AOD votes on an amendment to the By-Laws, the AOD can vote again at a subsequent meeting that occurs at least 15 days after the first, provided that 20% of the members of the AOD support a second vote. There is no quorum necessary at this second meeting, but 2/3rds of those present and voting must approve the amendment for it to pass.

The Assembly of Delegates must notify the total membership of the approved changes not later than 3 months after their approval.

4. If the President’s Cabinet does not support the proposal, the Active Member can request the Executive Director to include the submitted proposal on the Agenda of the next scheduled meeting of the Assembly of Delegates provided that the motion is seconded. The same rules apply regarding quorums and proportion of votes needed as apply when the President’s Cabinet approves the proposed amendments.

5. The AOD must notify the total membership of approved changes to the By-Laws no later than 6 months from the date of their approval.

6. There must be a mandatory review of the By-Laws at least every four years or earlier if deemed necessary.
XVI. Dissolution of the Society

1. The Society may at any time be dissolved if so recommended by the Executive Committee and approved by the Assembly of Delegates after notification to the total membership.

2. Upon dissolution of the Society and/or the winding up of its affairs whether voluntary or involuntary, the assets of the Society, after all debts have been satisfied, shall be distributed exclusively to charitable, religious, scientific, literary or educational organizations.

3. The President’s Cabinet will have 90 days after the date of the official dissolution vote to pay the debts of the Society and to distribute its assets. All other positions within the Society’s governance cease at the time of the dissolution vote. The positions of the Officers in the President’s Cabinet will cease at 90 days after the dissolution vote.

4. At least 2/3rds of the delegates of AOD must be present at a meeting that votes for the first time to dissolve the Society. For the dissolution to pass, 4/5ths of those present must agree.

   If the 2/3rds quorum or the 4/5ths favorable vote does not occur the first time the AOD votes on dissolution of the Society, the AOD can vote again at a subsequent meeting that occurs at least 15 days after the first. There is no quorum necessary at this second meeting, but 4/5ths of those present and voting must approve the dissolution of the Society for the motion to pass.
This proposal first includes the current language of the By-Laws provisions that apply to the Executive Committee, then in a second section includes revised language to implement a representative model for the selection of At Large Members who represent the National Societies or the Individual Members.

I. Executive Committee as in March 3, 2011 proposed By-Laws

1. The Executive Committee shall be formed by the following officers.

   - President
   - President-Elect
   - Vice-President
   - Immediate Past-President
   - Secretary
   - Assistant Secretary
   - Treasurer
   - Assistant Treasurer
   - Regional Vice-Presidents
   - Two Members at Large representing Active National Societies
   - Two Members at Large representing Active Individual Members
   - Executive Director (ex-officio)
   - Presidents of all upcoming Congresses (ex-officio)

2. Qualifications

   To be a member of the Executive Committee it shall be necessary (a) to have a Medical Doctor degree with a PM&R specialist title or equivalent; (b) to have at least 10 years of PM&R practice or national equivalent; (c) to be an active and participating member in national and international PM&R or related organizations; (d) to be actively practicing and/or participating in organizational activities in his/her own country and (e) to be an Active Member of the ISPRM (individually or through his/her National Society).

3. Terms and Methods of Selection

   n. President, one two year term, automatic succession from President-Elect
   o. President-Elect, one two year term, automatic succession from Vice-President
   p. Vice-President, one two year term, elected by Assembly of Delegates
   q. Immediate Past President, one two year term, automatic succession from President
   r. Secretary, two year term, maximum of two additional terms, elected by the Assembly of Delegates
   s. Assistant Secretary, two year term, maximum of two additional terms, appointed by President after ratification by the Executive Committee
   t. Treasurer, two year term, maximum of two additional terms, elected by the Assembly of Delegates
   u. Assistant Treasurer, two year term, maximum of two additional terms, appointed by the President after ratification of the Executive Committee
   v. Regional Vice-Presidents, two year term, maximum of one additional term, elected by the Assembly of Delegates
w. Two Members at Large representing Active National Societies, two year term, maximum of one additional term, elected by the Assembly of Delegates
x. Two Members at Large representing Individual Active Members, two year term, maximum of one additional term, elected by the Assembly of Delegates
y. Executive Director, ex-officio
z. Presidents of all upcoming Congresses, ex-officio

4. Duties and responsibilities of the Secretary:

The Secretary with the help and assistance of the Executive Director will be responsible for: (a) keeping up to date the book of minutes of the Board of the Directors, Executive Committee and President’s Cabinet; (b) ensuring that annual membership fees, correspondence and general communications with all members are maintained regularly and periodically as established by By-Laws; (c) screening membership applications prior to presentation to the President’s Cabinet, Executive Committee for approval; (d) screening applications to the International Educational and Development Fund; (e) screening application to hold a World Congress; and (f) any other administrative activity in the routine operation of the Society.

5. Duties and responsibilities of the Treasurer

The Treasurer with the help and assistance of the Executive Director will be responsible for (a) the preparation of budget estimates every second year and the interim annual budget, if indicated; (b) annual Account Balance of the assets and funds of the Society with clear indication of income and expenses as compared to the Budget Estimates; (c) making recommendations regarding any other financially related issues.

6. Duties of the Executive Director

The Executive Director is the responsible for the overall efficient operation of the business of the International Society in accordance with the contractual agreement. He/she is responsible to the Board and its President. However, he/she is expected to relate closely and to preliminarily report to the Secretary and Treasurer in all matters for which these two Officers are responsible as described in number 3 and 4 of this Policy and Procedure. It is also expected that he/she will help in the production but not necessarily in the writing of the News Letter.

7. Duties of the President

The President may make operational decisions without a formal vote of the President’s Cabinet if the ISPRM must complete these decisions within 15 days or the President’s Cabinet failed to provide a valid vote. In such situations, the President must seek the advice of as many members of the President’s Cabinet as possible before making decisions. If the President must make decisions without a formal vote of the President’s Cabinet or Executive Committee, he/she must prepare a report to these governing bodies outlining the circumstances of the decisions.

8. In the event the President is unable to complete his or her term of office, the president elect will assume the office.

9. In the event an elected Officer is unable to complete his or her term of office, or the AD removes an Officer for cause, the President and the Executive Committee will appoint a replacement to be approved by the Assembly of Delegates at its next meeting.

10. The President with the approval of the Executive Committee can appoint six Active Individual Members to form a Review Panel to evaluate whether an Officer has failed to meet the standards of his or her office. The Review Panel will submit its recommendations
to the AD, which may remove the Officer, provided at least a quorum is present and 2/3rds of those voting approve the removal.

11. The members of the Executive Committee shall be elected and/or appointed as outlined in Section 3 above. The Nominating Committee will propose those whom the AD elects.

12. The Executive Committee shall meet at least once per year.

13. The Executive Committee will be responsible for all ISPRM operational decisions as delegated to it by the Assembly of Delegates with two exceptions:
   iii. If a decision has to be made within 30 days
   iv. If the Executive Committee fails to have a valid vote because too few of its members returned their votes

II. Proposed Changes to Develop Representative Executive Committee

V. Executive Committee

1. The Executive Committee shall be formed by the following officers.
   President
   President-Elect
   Vice-President
   Immediate Past-President
   Secretary
   Assistant Secretary
   Treasurer
   Assistant Treasurer
   Nine Representatives of National Societies: three Members each from the three ISPRM Areas: the Americas; European, Eastern Mediterranean and Africa; and Asia-Oceania Areas
   Three Representatives of Individual Members: one from each of the three ISPRM Areas
   Executive Director (ex-officio)
   Presidents of all upcoming Congresses (ex-officio)

3. Qualifications

   To be a member of the Executive Committee it shall be necessary (a) to have a Medical Doctor degree with a PM&R specialist title or equivalent; (b) to have at least 10 years of PM&R practice or national equivalent; (c) to be an active and participating member in national and international PM&R or related organizations; (d) to be actively practicing and/or participating in organizational activities in his/her own country and (e) to be an Active Member of the ISPRM (individually or through his/her National Society).

3. Terms and Methods of Selection

   aa. President, one two year term, automatic succession from President-Elect
   bb. President-Elect, one two year term, automatic succession from Vice-President
   cc. Vice-President, one two year term, elected by Assembly of Delegates
   dd. Immediate Past President, one two year term, automatic succession from President
   ee. Secretary, two year term, maximum of two additional terms, elected by the Assembly of Delegates
   ff. Assistant Secretary, two year term, maximum of two additional terms, appointed by President after ratification by the Executive Committee
gg. Treasurer, two year term, maximum of two additional terms, elected by the Assembly of Delegates

hh. Assistant Treasurer, two year term, maximum of two additional terms, appointed by the President after ratification of the Executive Committee

ii. Nine Representatives of National Societies: one each from the southern, middle and northern Americas; one each from Europe, Eastern Mediterranean and Africa; and one each from Asia-Western Pacific, Oceania-Western Pacific and Southeast Asia; two year terms, maximum of one additional term; elected by the National Representatives of the Assembly of Delegates from the ISPRM areas that correspond to the areas the delegates represent.

jj. Three Representatives of Individual Members: one from each ISPRM Area: the Americas; Europe, Eastern Mediterranean and Africa; and Asia-Oceania; two year terms, maximum of one additional term; elected by the Individual Representatives of the Assembly of Delegates from the ISPRM areas that correspond to the areas the delegates represent.

kk. Two Members at Large representing Individual Active Members, two year term, maximum of one additional term, elected by the Assembly of Delegates

ll. Executive Director, ex-officio

mm. Presidents of all upcoming Congresses, ex-officio

4. Duties and responsibilities of the Secretary:

The Secretary with the help and assistance of the Executive Director will be responsible for: (a) keeping up to date the book of minutes of the Board of the Directors, Executive Committee and President’s Cabinet; (b) ensuring that annual membership fees, correspondence and general communications with all members are maintained regularly and periodically as established by By-Laws; (c) screening membership applications prior to presentation to the President’s Cabinet, Executive Committee for approval; (d) screening grant applications to the International Educational and Development Fund; (e) screening application to hold a World Congress; and (f) any other administrative activity in the routine operation of the Society.

5. Duties and responsibilities of the Treasurer

The Treasurer with the help and assistance of the Executive Director will be responsible for (a) the preparation of budget estimates every second year and the interim annual budget, if indicated; (b) annual Account Balance of the assets and funds of the Society with clear indication of income and expenses as compared to the Budget Estimates; (c) making recommendations regarding any other financially related issues.

6. Duties of the Executive Director

The Executive Director is the responsible for the overall efficient operation of the business of the International Society in accordance with the contractual agreement. He/she is responsible to the Board and its President. However, he/she is expected to relate closely and to preliminarily report to the Secretary and Treasurer in all matters for which these two Officers are responsible as described in number 3 and 4 of this Policy and Procedure. It is also expected that he/she will help in the production but not necessarily in the writing of the News Letter.

7. Duties of the President

The President may make operational decisions without a formal vote of the President’s Cabinet if the ISPRM must complete these decisions within 15 days or the President’s Cabinet failed to provide a valid vote. In such situations, the President must seek the advice of as many members of the President’s Cabinet as possible before making decisions. If the President must make decisions without a formal vote of the President’s Cabinet or Executive Committee, he/she must prepare a report to these governing bodies outlining the circumstances of the decisions.
8. In the event the President is unable to complete his or her term of office, the president elect will assume the office.

9. In the event an elected Officer is unable to complete his or her term of office, or the AD removes an Officer for cause, the President and the Executive Committee will appoint a replacement to be approved by the Assembly of Delegates at its next meeting.

10. The President with the approval of the Executive Committee can appoint six Active Individual Members to form a Review Panel to evaluate whether an Officer has failed to meet the standards of his or her office. The Review Panel will submit its recommendations to the AD, which may remove the Officer, provided at least a quorum is present and 2/3rds of those voting approve the removal.

11. The members of the Executive Committee shall be elected and/or appointed as outlined in Section 3 above. The Nominating Committee will propose those whom the AD elects.

12. The Executive Committee shall meet at least once per year.

13. The Executive Committee will be responsible for all ISPRM operational decisions as delegated to it by the Assembly of Delegates with two exceptions:
   v. If a decision has to be made within 30 days
   vi. If the Executive Committee fails to have a valid vote because too few of its members returned their votes
I. This proposal includes a new section of the By-Laws to be placed between the current sections on the Executive Committee and the President’s Cabinet.

II. Section VI. Assembly of Individual Members

a. All individual members of the ISPRM will be members of the Assembly of Individual Members.

b. The Assembly of Individual Members will elect 15 of its members to represent the ISPRM individual members in the Assembly of Delegates.

c. The Assembly of Individual Members will elect the three At Large Representatives of Individual Members who will represent the Individual Members on the Executive Committee. Members from each of the three ISPRM areas will elect their own representatives.

d. The Assembly of Individual Members will elect its Chair who will be responsible for the activities of the Assembly.

e. The Assembly of Individual Members will elect its own Election Committee to supervise the election of its representatives to the Assembly of Delegates, its representatives on the Executive Committee and its Chair.

f. Initially after the ISPRM establishes the Assembly of Individual Members, the two At Large Representatives of the Individual Members on the Executive Committee will supervise its initial operations until they are able to establish the provisions of these By-Laws changes.

g. The Assembly of Individual Members can conduct its business either during meetings or by electronic voting.

   i. The Assembly of Individual Members (AIM) must have a quorum of at least 5% of the ISPRM individual members to conduct its business. A simple majority of those attending the meetings of the AIM can pass motions.

   ii. If the AIM fails to have a quorum at one of its scheduled meetings, it may act upon the action items of that meeting’s agenda through an electronic vote.

   iii. An electronic vote of the AIM requires votes of at least 10% of the individual members to be valid. A simple majority of those who vote within 30 days can pass motions.
This proposal first includes the current language of the By-Laws provisions that apply to the Assembly of Delegates, and then in a second section includes revised language related to the Representatives of Individual Members.

I. IV. Assembly of Delegates (AD)

10. The Assembly of Delegates shall be presided over by the President of the Society and be responsible for the strategic decisions of the Society to include:
   a) Approving changes to the By-Laws
   b) Approving the accounts of the previous booking year
   c) Approving the actions of the Officers
   d) Selecting sites of the world congresses
   e) Approving strategic plans
   f) Approving collaborative plans
   g) Electing members of the Executive and Nominating Committees
   h) Removing Officers who do not meet the standards of their offices
   i) Dissolving the Society

11. Composition of the AD
   a) All members of the Executive Committee as described by these By-Laws.
   b) One representative from each National Society.
   c) Representatives of Individual Active Members equal in number to the number of paid up National Societies that have paid by December 31 of the previous year.
   d) Executive Director (ex officio)

12. Election of Assembly of Delegates
   a) The President-Elect shall become the President. The President shall hold office until the next biannual election and shall also be the chair of the Board of Governors. If the President is unable to assume or to continue as the President, the President Elect shall fill the vacancy.
   b) Immediate Past President: automatic succession from President
   c) President Elect: automatic succession from Vice-President.
   d) Vice President: the Nominating Committee shall nominate the Vice-President. The nominee must have a Medical Degree, be a PM&R specialist with 10 years experience, be in “good standing of practice” in his/her own country and professional organizations; have demonstrated involvement with national and international organizations and be a member of the ISPRM. The nominee could be up to 5 years after retirement of actively practicing but she/he must be actively participating in organizational activities in PM&R in his or her own country. The nomination must be submitted up to three months prior to the upcoming ISPRM Congress, accepted by the Executive Committee and approved by the Assembly of Delegates.

   e) Secretary, Treasurer, Regional Vice Presidents, Members at Large (Active National Societies and Active Individual Members), will be nominated by the Nominating Committee, approved by the Executive Committee and elected by the Assembly of Delegates.
f) Representatives of National Societies will be nominated individually by each National Society six months or earlier prior to the upcoming biannual election. The term will 2 years. The National Society can appoint an alternate.

13. The AD will meet at least every year with at least one meeting coincidental with the International Congress. Meetings and votes of the AD between international congresses may be conducted electronically. At the physical meetings of the AD, a quorum shall be the President or his delegate and at least 10 percent of the remaining Assembly members unless the AD agenda includes revising the By-Laws, removing an Officer or dissolving the Society. The requirements for AD action in these three circumstances appear later in these By-Laws.

14. Between meetings of the AD, the EC will assume those responsibilities of the AD that it cannot accomplish through e-mail voting and that require action before the next AD meeting.

15. The AD must approve the accounts of the ISPRM within 6 months after the closure of its booking year.

16. The AD can remove an Officer after a hearing that determines the Officer failed to meet the standards of the office.

17. Annually, the AD must approve the actions of all Officers that occurred since its last annual approval.

18. At AD meetings, the President will present a report summarizing the major activities of the ISPRM since the last AD meeting.

II. IV. Assembly of Delegates (AD) Revised March 7, 2011

19. The Assembly of Delegates shall be presided over by the President of the Society and be responsible for the strategic decisions of the Society to include:
   a) Approving changes to the By-Laws
   b) Approving the accounts of the previous booking year
   c) Approving the actions of the Officers
   d) Selecting sites of the world congresses
   e) Approving strategic plans
   f) Approving collaborative plans
   g) Electing members of the Executive and Nominating Committees
   h) Removing Officers who do not meet the standards of their offices
   i) Dissolving the Society

20. Composition of the AD
   a) All members of the Executive Committee as described by these By-Laws.
   b) One representative from each National Society.
   c) Fifteen Representatives of Individual Active Members as elected by the Assembly of Individual Members
   d) Executive Director (ex officio)

21. Election of Assembly of Delegates
   a) The President-Elect shall become the President. The President shall hold office until the next biannual election and shall also be the chair of the Assembly of Delegates. If the President is unable to assume or to continue as the President, the President Elect shall fill the vacancy.
   b) Immediate Past President: automatic succession from President
   c) President Elect: automatic succession from Vice-President.
d) Vice President: the Nominating Committee shall nominate The Vice-President. The nominee must have a Medical Degree, be a PM&R specialist with 10 years experience, be in “good standing of practice” in his/her own country and professional organizations; have demonstrated involvement with national and international organizations and be a member of the ISPRM. The nominee could be up to 5 years after retirement of actively practicing but she/he must be actively participating in organizational activities in P&RM in his or her own country. The nomination must be submitted up to three months prior to the upcoming ISPRM Congress, accepted by the Executive Committee and approved by the Assembly of Delegates.

e) Secretary, Treasurer, Regional Vice Presidents, Members at Large (Active National Societies and Active Individual Members), will be nominated by the Nominating Committee, approved by the Executive Committee and elected by the Assembly of Delegates.

f) Representatives of National Societies will be nominated individually by each National Society six months or earlier prior to the upcoming biannual election. The term will 2 years. The National Society can appoint an alternate.

g) The Assembly of Individual Members will elect 15 of its members to the Assembly of Delegates as Representatives of the Individual Members.

22. The AD will meet at least every year with at least one meeting coincidental with the International Congress. Meetings and votes of the AD between international congresses may be conducted electronically. At the physical meetings of the AD, a quorum shall be the President or his delegate and at least 10 percent of the remaining Assembly members unless the AD agenda includes revising the By-Laws, removing an Officer or dissolving the Society. The requirements for AD action in these three circumstances appear later in these By-Laws.

23. Between meetings of the AD, the EC will assume those responsibilities of the AD that it cannot accomplish through e-mail voting and that require action before the next AD meeting.

24. The AD must approve the accounts of the ISPRM within 6 months after the closure of its booking year.

25. The AD can remove an Officer after a hearing that determines the Officer failed to meet the standards of the office.

26. Annually, the AD must approve the actions of all Officers that occurred since its last annual approval.

27. At AD meetings, the President will present a report summarizing the major activities of the ISPRM since the last AD meeting.
REVISIONS TO BY-LAWS-APPENDIX 9
AFFILIATIONS WITH REGIONAL PRM SOCIETIES
March 13, 2011

III. This proposal includes a new subsection of the By-Laws that would be in **Section XI: Affiliations**.

IV. Section XI: Affiliations appears in the current By-Laws as below.

XI. Affiliations

The Society shall apply to become affiliated with World Health Organization and other international organizations as determined by the Assembly of Delegates.

V. The By-Laws proposes the following revision to Section XI: Affiliations

XI. Affiliations

a. The Society will maintain an affiliation with the World Health Organization and other international organizations the Assembly of Delegates identifies.

b. The Society will seek to establish and maintain affiliations with regional PRM societies.

   a. The Assembly of Delegates will identify regional PRM societies with which the ISPRM will seek to establish and maintain mutual recognition and collaborations.

   b. The ISPRM and collaborating regional PRM societies will execute two year written plans that identify the activities each will implement in order to contribute to the goals of the other or mutually to the benefit of PRM internationally or regionally.

   c. Before the terms of these plans expire, the ISPRM and the collaborating regional PRM societies will review the success of the activities within the plans and make suggestions on activities future plans might include.

   d. Continuation of the collaborative plans will require the ISPRM and the regional PRM societies to agree on new two year plans.
The By-Laws Committee presents these revisions to the By-Laws for Assembly of Delegates consideration. They form a new Section IV of the By-Laws, and if the Assembly approves them, the By-Laws Committee will have to renumber the later By-Laws Sections.

IV. ISPM Areas

1. The Executive Committee will organize the regional activities of the ISPRM by designated geographic areas. These areas also will determine who votes for the regional representatives of the Assembly of Delegates, Assembly of Individual Members and Executive Committee.

1. The three major geographic areas of the ISPRM will be the Americas; Europe, Eastern Mediterranean and Africa; and Asia-Oceania. They will correspond to one or more of the WHO Regions. Each of these areas has three sub-areas.

a. Americas (WHO Region)
   i. Northern (USA and Canada)
   ii. Middle (Central America)
   iii. Southern (South America)

b. Europe, Eastern Mediterranean, Africa
   i. Europe (WHO Region)
   ii. Eastern Mediterranean (WHO Region)
   iii. Africa (WHO Region)

c. Asia Oceania
   i. Western Pacific-Asian Countries (Partial WHO Region)
   ii. Western Pacific-Oceania Countries (Partial WHO Region)
   iii. Southeast Asia (WHO Region)
I. Strategies to Accomplish Goals

- Maintaining co-operation and collaboration with WHO and its agencies in the postulation of principles and policies regarding: (a) delivery of rehabilitation service throughout the world; and (b) educational processes of Physical and Rehabilitation Medicine.

- Co-operating and maintaining close liaison with other international societies having the common objective of improving the quality of life of people with impairments and disabilities.

- Organizing International Congresses every two years. Maintaining close communication with the membership.

- Administering and operating the Society through effective management and access to resources.

II. Membership

There shall be three categories of membership: National Society, Individual and Corporate Membership. Applications will be submitted to the Executive Director for processing.

2. National Societies

Application to become a National Society member must include a copy of the By-Laws and membership list of that Society. The Executive Committee shall grant final membership approval. Dues for each category will be reviewed bi-annually by the Finance, Audit and Investment Committees. Individual and National Society membership consist of active and associate.

Active National Society Membership shall be open to established National Societies of Physical and Rehabilitation Medicine - recognized as such in their own country - and whose membership is primarily composed of qualified physicians dedicated to the care of people with impairments and disabilities and the practice of Physical and Rehabilitation Medicine. There shall be one society representing each country. The Executive Committee has the power of granting active membership to more than one National Society from any country. Each National Society Active Member shall be entitled to nominate one representative to the Assembly of Delegates with the right to vote. Members of each National Society are eligible to be elected to the Assembly of Delegates; however they will not be eligible to hold office or serve on the Executive Committee unless they are also Active Individual Members of the International Society. Dues will be paid annually. If dues are not paid for two consecutive years, membership will be suspended. Suspended members cannot have representation on the Assembly of Delegates and have no right to vote.

Associate National Society Membership shall be open to any National Society of health professionals related to the field of Physical and Rehabilitation Medicine. Associate National Societies members are entitled to attend all meetings and activities of the Society but shall not have the right to have representation on the Assembly of Delegates or to hold office. Dues will be paid annually. If dues are not paid for two consecutive years, membership will be suspended.

3. Individual

- Active Individual Membership shall be open to all physicians and surgeons qualified to practise in their own country, or retired from practice 5 years or less, who are interested in and/or concerned with the care
of people with impairments and disabilities. Active members are entitled to nominate their representatives to the Assembly of Delegates who will have the right to vote and hold office. Active Individual Members are eligible to be elected or appointed to any position of the Board and/or Executive Committee. Dues will be paid annually. If dues are not paid for two consecutive years, membership will be suspended. Suspended members cannot have representation on the Board and have no right to vote.

- **Individual Honour Role Membership** shall be granted by the Executive Committee to any Active Member following a recommendation of the Awards Committee, as a mark of respect in recognition of distinguished contributions to the field of Physical Medicine and Rehabilitation. The number presented in any year shall not exceed three. Honour Role Members have the same privileges as Active Members in good standing. They are entitled to attend meetings, vote, hold office and participate in any of the activities of the ISPRM. Dues will be waived.

- **Individual Emeritus Membership** shall be granted by the Executive Committee to any Individual Active Member who has been a member of the Society for at least ten years, is retired from full time professional activity and requested emeritus status. Dues will not be required.

- **Individual Associate Membership** shall be open to individuals with a degree/diploma in a health care profession/discipline with primary interest in Physical and Rehabilitation Medicine and management of disabled people. Individual Associate members are entitled to attend all meetings and activities of the Society but cannot become a member of the Assembly of Delegates, vote or hold office. Dues will be paid annually. If dues are not paid for two consecutive years, membership will be suspended. Member will forfeit all rights of membership until the suspension is removed through the payment of dues.

- **Individual Honorary Membership** shall be granted to any person by the Executive Committee to any person who has made outstanding contributions to the management and care of people with impairments and disabilities. Honorary Members shall be entitled to attend all meetings and activities of the Society but shall not have the right to vote or to hold office. Dues will not be required.

3. **Corporate Membership.**

This Membership shall be open to corporations, for profit or non-profit, who are interested in furthering the mission and goals of the Society and are prepared to make contributions towards these goals. Members shall be entitled to attend all meetings and activities of the Society but shall not have the right to vote or hold office. Dues will be paid annually. If dues are not paid for two consecutive years, membership will be suspended.

III. **Assembly of Delegates**

1. **Composition:** The Assembly of Delegates shall consist of

   - All members of the Executive Committee.
   - One representative from each Active Member National Society.
   - Representatives of Individual Active Members equal in number to the number of paid up National Societies that have paid by December 31 of the previous year.
   - Executive Director (Ex Officio).

2. **Responsibilities** of the Assembly of Delegates
The Assembly of Delegates shall be presided over by the President of the Society and be responsible for the strategic decisions of the Society to include:

a) Approving changes to the By-Laws
b) Approving the accounts of the previous booking year
c) Approving the actions of the Officers
d) Selecting sites of the world congresses
e) Approving strategic plans
f) Approving collaborative plans
g) Electing members of the Executive and Nominating Committees
h) Removing Officers who do not meet the standards of their offices
i) Dissolving the Society

3. Election of Assembly of Delegates

- The President-Elect shall become the President. The President shall hold office until the next biannual election and shall also be the chair of the Assembly of Delegates. If the President is unable to assume or to continue as the President, the President Elect shall fill the vacancy.
- Immediate Past President: automatic succession from President
- President Elect: automatic succession from Vice-President.
- Vice President: the Nominating Committee shall nominate The Vice-President. The nominee must have a Medical Degree, be a PM&R specialist with 10 years experience, be in “good standing of practice” in his/her own country and professional organizations; have demonstrated involvement with national and international organizations and be a member of the ISPRM. The nominee could be up to 5 years after retirement of actively practicing but she/he must be actively participating in organizational activities in PM&R in his or her own country. The nomination must be submitted up to three months prior to the upcoming ISPRM Congress, accepted by the Executive Committee and approved by the Assembly of Delegates.
- Secretary, Treasurer, Regional Vice Presidents, Members at Large (Active National Societies and Active Individual Members), will be nominated by the Nominating Committee, approved by the Executive Committee and elected by the Assembly of Delegates.
- Representatives of National Societies will be nominated individually by each National Society six months or earlier prior to the upcoming biannual election. The term will be 2 years. The National Society can appoint an alternate.

4. Delegation of Responsibilities. Between its meetings, the Assembly of Delegates will delegate to the Executive Committee any of its responsibilities that it cannot accomplish through e-mail voting and require action before its next meeting.

IV. Executive Committee

The Executive Committee will consist of the President, President-Elect, Vice-President, Immediate Past President, Secretary, Assistant Secretary, Treasurer, Assistant Treasurer, Regional Vice-Presidents, Members at Large, the Executive Director and the Presidents of all upcoming Congresses. (Ex-officio Members of the Executive Committee shall not have voting privileges.)

1. Qualifications

To be a member of the Executive Committee shall be necessary (a) to have a Medical Doctor degree with a PM&R specialist title or equivalent; (b) to have at least 10 years of PM&R practice or national equivalent; (c) to be an active and participating member in national and international PM&R or related
organizations; (d) to be actively practising and/or participating in organizational activities in his/her own country and (e) to be an Active Member of the ISPRM (individually or through his/her National Society).

2. Terms and Methods of Selection

   nn. President, one two year term, automatic succession from President-Elect
   oo. President-Elect, one two year term, automatic succession from Vice-President
   pp. Vice-President, one two year term, elected by Assembly of Delegates
   qq. Immediate Past President, one two year term, automatic succession from President
   rr. Secretary, two year term, maximum of two additional terms, elected by the Assembly of Delegates
   ss. Assistant Secretary, two year term, maximum of two additional terms, appointed by President after ratification by the Executive Committee
   tt. Treasurer, two year term, maximum of two additional terms, elected by the Assembly of Delegates
   uu. Assistant Treasurer, two year term, maximum of two additional terms, appointed by the President after ratification of the Executive Committee
   vv. Regional Vice-Presidents, two year term, maximum of one additional term, elected by the Assembly of Delegates
   ww. Two Members at Large representing Active National Societies, two year term, maximum of one additional term, elected by the Assembly of Delegates
   xx. Two Members at Large representing Individual Active Members, two year term, maximum of one additional term, elected by the Assembly of Delegates
   yy. Executive Director, ex-officio
   zz. Presidents of all upcoming Congresses, ex-officio

3. Duties and responsibilities of the Secretary:

   The Secretary with the help and assistance of the Executive Director will be responsible for: (a) keeping up to date the book of minutes of the Board of the Directors, Executive Committee and President’s Cabinet; (b) ensuring that annual membership fees, correspondence and general communications with all members are maintained regularly and periodically as established by By-Laws; (c) screening membership applications prior to presentation to the President’s Cabinet, Executive Committee for approval; (d) screening grant applications to the International Educational and Development Fund; (e) screening application to hold a World Congress; and (f) any other administrative activity in the routine operation of the Society.

4. Duties and responsibilities of the Treasurer

   The Treasurer with the help and assistance of the Executive Director will be responsible for (a) the preparation of budget estimates every second year and the interim annual budget, if indicated; (b) annual Account Balance of the assets and funds of the Society with clear indication of income and expenses as compared to the Budget Estimates; (c) making recommendations regarding any other financially related issues.

5. Duties of the Executive Director

   The Executive Director is the responsible for the overall efficient operation of the business of the International Society in accordance with the contractual agreement. He/she is responsible to the Board and its President. However, he/she is expected to relate closely and to preliminary report to the Secretary and Treasurer in all matters for which these two Officers are responsible as described in number 3 and 4 of this Policy and Procedure. It is also expected that he/she will help in the production but not necessarily in the writing of the News Letter.

6. Duties of the President
The President may make operational decisions without a formal vote of the President’s Cabinet if the ISPRM must complete these decisions within 15 days or the President’s Cabinet failed to provide a valid vote. In such situations, the President must seek the advice of as many members of the President’s Cabinet as possible before making decisions. If the President must make decisions without a formal vote of the President’s Cabinet or Executive Committee, he/she must prepare a report to these governing bodies outlining the circumstances of the decisions.

V. President’s Cabinet

The President’s Cabinet will consist of the President, Past-President, President-Elect, Secretary and Treasurer. The Cabinet will be responsible for those ISPRM operational decisions referred to it by the President, either because the ISPRM must complete a decision within 30 days, or the Executive Committee failed to provide a valid vote.

VI. Standing Committees

1. Nominating Committee: To be chaired by the Immediate Past President and comprised of six additional members to be elected by the Assembly of Delegates. These members are to each represent a different country. The Committee is to nominate the candidates for the office of Vice-President, Secretary, Treasurer, Regional Vice-Presidents, Representatives of Societies and Members at Large. The term of committee members is two years.

2. Awards Committee: To be chaired by the Past President and comprised of an unlimited number of additional members recommended by the President and approved by the Executive Committee. This committee is responsible for (a) preparation of the criteria to establish the awards/prizes; (b) nomination of the candidates to receive prizes and awards at the World Congress, to be presented to the Board for approval, and (c) making recommendations to the Board as to the type of award (plaques, cash, etc.). The term of the committee members is two years.

3. Finance, Audit and Investment Committee: To be chaired by the Treasurer and comprised of an unlimited number of additional members to be recommended by the President and approved by the Executive Committee. The committee is to supervise and make recommendations about the financial affairs of the Society to be approved by the Executive Committee. The committee is to propose the dues structure for each membership category on bi-annual basis. The term of the committee members is two years with a maximum of two additional terms.

4. By-Laws Committee: Chair and an unlimited number of additional members to be recommended by the President and approved by the Executive Committee. This Committee is to recommend to the Assembly of Delegates new By-Laws and/or revision of existing ones as well as changes in the Policies and Procedures. The term of the committee members is two years with no limit on the number of additional terms.

VII. Other Committees

The President with the approval of the Executive Committee has the prerogative of appointing additional standing and ad hoc committees and task forces, their chairpersons and committee members. These committees and task forces must be assigned specific mandates to assist the Board in conducting the business of the Society. The terms of these committees and task forces shall be a minimum of two-year terms renewable as necessary.

VIII. Committee Operational Procedures

All Committees of the Society must have Operational Guidelines. These Guidelines must be developed by each Committee and submitted within three months of its creation and/or operation to the President’s Cabinet for
preliminary approval and later on to the first available meeting of the Executive Committee for ratification. The Secretary and Executive Director will ensure that the Operational Guidelines of all Committees are filed under Appendix number III, to be attached to the Policies and Procedures.

IX. Voting Procedures

1. The President’s Cabinet, Executive Committee, Assembly of Delegates, all committees and all task forces of the ISPRM: may pass motions through e-mail or web based electronic voting. The only exceptions to this provision are when the AD votes on amending the By-Laws, removing an Officer and dissolving the Society.
   a. Section XVI of the By-Laws includes the procedures for amending the By-Laws.
   b. Section V, 10 of the By-Laws includes the procedures for removing an Officer.
   c. Section XVII of the By-Laws includes the procedures for dissolving the Society.

2. Assembly of Delegates: for a motion to pass using electronic voting at least forty percent of its voting members must vote and a majority of these must approve passing the motion. For an individual vote to be valid the distributing officer or the Central Office must receive it within 90 days from the time the officer or the Central Office distributed the motion.

3. Executive Committee: for a motion to pass using electronic voting at least 40% of its voting members must vote and a majority of these must approve passing the motion. For an individual vote to be valid the distributing officer or the Central Office must receive it within 30 days from the time the officer or the Central Office distributed the motion.

4. President’s Cabinet: for a motion to pass using electronic voting at least 60% of its voting members must vote and a majority of these must approve passing the motion. For an individual vote to be valid the distributing officer or the Central Office must receive it within 15 days from the time the officer or the Central Office distributed the motion.

5. Committees and Task Forces: for committee or task force report recommendations, the chairs may determine the number of committee members who need to vote, the number that must approve the recommendations and the time by which committee members must submit their votes.

X. Council of Presidents

The Council of Presidents will be chaired by the immediate Past-President of the ISPRM for a two years term. This Council shall act only in a consultative capacity and does not have any executive and/or administrative role in the affairs of the ISPRM.

XI. World Congress

1. Frequency: Every year.

2. Application Process: Call for applications to be announced four years prior to the projected date of the Congress. Only an Active National Society or Active Individual Members can make applications in good standing. The application must be fully sponsored by a National Society in either instance. The application must consist of suggested site, date, sponsorship and financial outline as well as nomination of the Congress President and members of the Organizing Committee. The application(s) will be reviewed first by the Executive Committee and then presented to the Assembly of Delegates for approval. When possible, congresses should rotate among the following regions: Asia-Oceania, Americas and Africa, Eastern Mediterranean and Europe.
3. **Accessibility Requirement**: All facilities to be used as part of the World Congress must be wheelchair, motorized scooters, etc. accessible.

4. **General Responsibilities**: Congress President and Organizing Committee are responsible for the organization of the Congress. They shall report to the Executive Committee periodically, at least annually with the ongoing planning and arrangements of the congress for review, advice and guidance. To facilitate communication the President of the incoming Congress should be an ex-officio member of the Executive Committee and Assembly of Delegates for a period of four years prior to the Congress.

5. **Financial Responsibilities**: An initial contribution to the expenses for the preparation of the World Congress will be made by the International Society to the Organizing Committee four years prior to the date of the Congress. The amount is to be determined by the Executive Committee four years prior to the date of the Congress. In addition, the Executive Committee may advance monies interest-free to the Organizing Committee through the sponsoring National Society. This advance interest-free loan must be returned to the International Society at the end of the Congress.

5. **Disposition of final balance**: All monies collected by the Congress Organizing Committee for the purpose of the Congress to include registration, sponsorship, exhibits, etc. shall be used for the purpose of the Congress. Final positive balance from the Congress is to be distributed seventy percent to the Organizing Committee and/or sponsoring National Society and thirty percent to the International Society of Physical and Rehabilitation Medicine. The ISPMR shall not have any financial responsibility for any negative balances from the Congress. An annual and final accounting statement is to be submitted to the Executive Committee at the next annual meeting following the World Congress.

6. **Additional organizational suggestions**: See Appendix No. II attached to the Policies and Procedures.

### XII. Administration of the International Educational and Development Fund

This Fund will be administered following the directions specified in the Appendix No. I attached to the Policies and Procedures.

### XIII. Publications

1. **News & Views (electronic journal)**: N&V shall be distributed to the membership on a monthly basis. The production of the N&V will be the responsibility of the appointed by the Executive Committee Editor in close liaison with the Secretary and with the assistance of the Executive Director. The newsletter is to be distributed via website, and/or direct mailing to all paid-up members.

2. **Journal**: Journal(s) shall be selected and approved by the Assembly of Delegates following recommendations of the task appointed by the President for this purpose. The Journal(s) shall become the Official Publication(s) of the International Society. The Journal(s) shall (a) be free standing from the Society but shall offer a reduced subscription rate to the Society membership, (b) collect subscription fees independently from the International Society, and (c) provide space in each issue for news and/or any other information about the International Society. If feasible, selected papers presented at the World Congress shall be published in the journal(s).

3. **Website**: A web site is to be established and updated on a routine basis every three months. The updating of the website shall be the responsibility of the Executive Director but the Secretary, “News & Views” Editor, other members of the Executive Committee, the Assembly of Delegates and membership at large
shall be responsible for providing the material for publication. The website should publish the in force By-Laws and Policies and Procedures, the approved minutes of the Assembly of Delegates. In addition the web site should consist of information about the society, membership applications, world congress information and registration, calendar of events, exchange of experts directory, membership directory, newsletter, etc.

4. The President with the approval of the Executive Committee shall appoint a Chair and members of a Publications Committee. The Committee shall assume the oversight of these publications. Members of the Publications Committee will include those assigned to coordinate the activities of each of these methods of communication. The number of Committee Members can vary depending upon the needs of the Committee.

XIV. Affiliations

Affiliation with international societies such as the WHO, CIOMS, etc., shall be recommended by the Executive Committee to the Assembly of Delegates for approval. Maintenance of membership affiliation shall be the responsibility of the Secretary with the assistance of the Executive Director.

XV. Regional Societies

XVI. Endorsement/Sponsorship

Request for endorsement and/or sponsorship of a National or Regional Organization will be reviewed by the President and Executive Committee who will recommend to the Assembly of Delegates the type of endorsement or sponsorship to be given to such an Organization.

XVII. Amendments to the Policies and Procedures

1. Notice to amend or alter these Policies and Procedures may be submitted at any time by any Active Individual Member or Active National Society Member to the Secretary and Executive Director of the Society.

2. The President’s Cabinet after studying the proposal will decide within 2 months whether or not they support the proposed changes and inform the submitter accordingly.

3. If the President’s Cabinet supports the proposal, it shall be presented to the Assembly of Delegates either through an e-mail ballot or at its next scheduled meeting. Members of the Assembly of Delegates will be given 90 days to respond to an e-mail ballot. If a proposed change is placed on the agenda of a regular Assembly of Delegates Meeting, it must be distributed at least 90 days before the meeting.

For a proposal to be approved by e-mail ballot, it must be approved by a majority of those voting. To be valid, at least 40% of the Assembly of Delegates must vote. A proposal presented at a meeting of the Assembly of Delegates shall require a second and simple majority for passage.

The Assembly of Delegates must notify the total membership of the approved changes not later than 3 months after their approval.
4. If the President’s Cabinet does not support the proposal, the Active Member can request the Executive Director to include the submitted proposal on the Agenda of the next scheduled meeting of the Assembly of Delegates provided that the motion is seconded. The approval of such a motion would require a 2/3 majority. If the motion is passed, the Board must notify the total membership of the approved changes not later than 3 months after their approval.
APPENDIX NO. I

RULES OF THE ADMINISTRATION OF ISPRM INTERNATIONAL EDUCATION AND DEVELOPMENT FUND

Article I - NAME

• The name of the trust fund shall be ISPRM International Educational and Development Fund (IEDF).

Article II - PURPOSE

• To promote and advance education and research in Physical and Rehabilitation Medicine at an International level;
• To promote and assist the development of physical and rehabilitation medicine services and projects for people with disabilities at the international, regional or national level; and
• To assist in the development of professional organizations and activities that are related to physical and rehabilitation medicine on the international, regional or national level.

Article III- OWNERSHIP

The assets of ISPRM International Education and Development Fund are a part of the assets of the ISPRM, but they are a separate endowment to be used solely for the above-described purpose of education and development according to the rules and regulations described below.

Article IV - INVESTMENT AND UTILIZATION

• Investment. The capital available for the ISPRM International Education and Development Fund shall be invested by the Executive Director of the ISPRM under the supervision of its Treasurer and with the approval of the Executive Committee.

• Utilization. During the first 4 years disbursement from the ISPRM International Education and Development Fund shall be limited to the interest on the capital. This policy should be reviewed by the Trustees by the end of 2004 and new recommendations should be presented to and decided upon by the Executive Committee and Board of Governors during 2005.

Article V - USE OF THE PROCEEDINGS

The funds could be used as follows, depending on the availability of the resources and priority of the project(s) and/or prizes.

• To support large-scale educational projects that are likely to have important long-term effects such as "White Paper on Education"; Funding for these shall not exceed US$50,000 in total;
• To create a prize for a paper written by a resident to be presented at the congress of the ISPRM (US$ 1,000, once every two years);
• To create a prize for a paper written by a rehabilitation specialist from a developing country to be presented at the congress of the ISPRM (US$ 1,500, once every two years).

• To provide travelling support for one or two specialists from developing countries to the Congress of the ISPRM or to other Regional or International meetings (US$ 2,000 per case).
• To provide one or two scholarships or grants per year to specialist physicians from developing countries for a short period of training (up to 2 weeks) in more developed countries. This application must clearly
state the goal of the visit, the support of the local centre or organization for this visit and the acceptance
of the applicant by the host centre (US$ 2,500, per scholarship);

- To support the creation and maintenance of a data-base available on the web page or CD ROM of
exerts, individual and centres, of different aspects of the discipline. (US $1,500 per year).

Article VI- APPLICATIONS

Applications for a grant, scholarship, project, etc. are to be made to the Executive Director and/or Secretary of
the International Society of Physical and Rehabilitation Medicine, who after appropriate acknowledgment and
registration will forward them to the Trustees for action. Applications should be received during the first 4
months of the fiscal year of the ISPRM (January 1st to April 30th).

Article VII - TRUSTEES

- The Trustees of the ISPRM International Education and Development Fund shall be five members, as
follows:
- Past-President of the ISPRM, who shall act as Chair;
- President of the ISPRM;
- President Elect of the ISPRM; and
- Two active members proposed by the Nominating Committee and elected by the Assembly of Delegates;
these two members must have an internationally recognized reputation in the different aspects of
Physical and Rehabilitation Medicine. In the first election these two persons should be selected from the
members of the International Task Force. The two active members will normally have a four year
membership; however, at the time of the first election one of the two will be only elected for a two year
period, so that, one of the two members will be elected every two years.

Article VIII - GOVERNANCE

- At the end of the fiscal year the Treasurer shall inform the Trustees of the amount of money available for
disbursement in the following year, so that the Trustees can evaluate the applications and make
recommendations (by vote) to the Executive Committee for granting the prices and awards. The
Chairman of the Trustees shall be responsible for coordinating the recommendations of the Trustees
regarding all applications, so that the Executive Committee could receive these recommendations within
four months.
- The Trustees could decide not to recommend the granting of any funds in any given year.
- The Executive Committee of the ISPRM can overrule any of the recommendations of the Trustees by the
majority vote of 75%.
- The Trustees should make recommendations to the Executive Committee as to how to increase the
capital of the fund and undertake methods to accomplish this task.
- These "Rules of Administration" should be reviewed by the Trustees of the IEDF every 3-4 years and, if
necessary, revisions and/or new recommendations should be submitted to the Executive Committee. The
Executive Committee could approve the recommendations by a simple majority or overrule them by 75% 
majority.
- The Trustees should be responsible for the publicity of the ISPRM International Educational and
Development Fund using the website of the Society, the Journal and by any other means possible.

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APPENDIX NO. II

CONTENT AND STRUCTURE OF INTERNATIONAL CONGRESS OF SCIENTIFIC SESSIONS OF AN INTERNATIONAL CONGRESS.

The detailed content of the International Congress will be the responsibility of the National Organizing Committee for that event. This Organizing Committee could delegate this task to a Program Committee. The President and the Secretary of the International Congress shall be ex-officio members of these Committees.

The National Organizing Committee or the Program Committee must ensure time allocation for meetings of the different Committees of the Organization (Executive Committee, Assembly of Delegates, etc.) or for any other business meetings arranged by the Executive or Assembly of Delegates. Agenda preparation and notification to members shall be the responsibility of the Secretary of the International Society or Secretary of specific Committee.

Notwithstanding the responsibility of the National Organizing or Programme Committee for the development of the Scientific Programme, the following guidelines must be followed in this process:

- To ensure that the content is international and to maintain high academic standards, at least four of the followings modules must be used:
  - Free papers of 10 minutes presentation and 5 minutes discussion.
  - Plenary Sessions or key-note speeches of 40 minutes presentation and 15 minutes discussion.
  - Symposium-Seminars of a minimum of 3 and a maximum of 5 speakers of 30 minutes presentation with 8-10 minutes discussion per speaker.
  - Focus Courses (3-4 hours)
  - Poster presentations of one day duration with a scheduled time of 5-10 minutes presentation.
  - Workshops
  - Breakfast discussion of a concrete subject

- While it is impossible to control the subject matter of free papers and posters presentations, every effort should be made to ensure that with the remaining modules the programme covers: (a) different aspects of medical (diagnosis and therapeutics)and research (basic sciences and technology) issues; (b) education methodology and content of curriculum in under-and-postgraduate students; (c) trends of health care delivery and possible implications in the treatment of disabilities and impairment; (d). trends in legislation in different parts of the world regarding education and practice of medicine and more specifically of our specialty.

- The official language of any International Congress shall be English as well as any other language selected by the National Organizing Committee, providing that simultaneous English translation is available. Speakers must submit a text in English and any other language designated by the National Organizing Committee. The official languages shall be listed in alphabetical order of the English version.

- The printed documents of an International Congress shall be published in English and any other language which the National Organizing Committee may designate.
APPENDIX No. III

OPERATIONAL GUIDELINES OF THE COMMITTEES OF THE ISPRM

BY-LAWS COMMITTEE

To ensure that the By-Laws and Policies and Procedures of the ISPRM are congruent with the aims, goals and transactions approved by of the Board, as they are the operational basis of the Society.

To ensure that the By-Laws and Policies and Procedures do not have contradictory statement that could facilitate operational confusion.

To ensure that meetings are conducted in accordance with approved regulations.

To participate in the review of existing rules and regulations at the request of the Executive Committee and/or Board.

To propose changes of existing procedures in an attempt to improve the operation of the Society.

To submit an annual report to the Executive Committee and/or Board.

NOMINATING COMMITTEE

1) The Assembly of Delegates will hold the elections of the International Society of Physical and Rehabilitation Medicine (ISPRM) at its meetings during even years.

2) The positions to be filled by election are as follows.
   a. Executive Committee
      i. Vice President
      ii. Secretary
      iii. Treasurer
      iv. Vice President for Asia & Pacific
      v. Vice President for Central and South America
      vi. Vice President for Europe
      vii. Vice President for Middle East & Africa
      viii. Vice President for North America
      ix. Member at Large representing Active National Society Members
      x. Member at Large representing Active Individual Members
   b. Other Board Members
      i. Members at Large Representing Active National Society Members (one for each)
      ii. Members at Large Representing Active Individual Members
   c. ISPRM Education and Development
      i. Board of Director Member (four year term)

3) Within 30 days after each election the new Chair of the Nominating Committee will submit to the Executive Committee a list of proposed Nominating Committee members.
   a. This list will include at least six members in addition to the Chair.
   b. Each member of the Nominating Committee other than the Chair will be from a different country.

4) The Executive Committee will complete final approval of the Nominating Committee members within 3 months after receiving the Nominating Committee Chair’s recommendations.

5) The Executive Committee will complete its approval of the slate of nominees within 30 days after receiving it from the Nominating Committee.

6) The President will assure that the slate as approved by the Executive Committee is received by the Executive Director at least 30 days before the scheduled election.
7) The Nominating Committee will submit any proposed changes to its policies and procedures at least 30 days before the Assembly of Delegates meeting during the Congress following the elections.

8) The Nominating Committee through News & Views and the Central Office will solicit nominations prior to 12 months, 9 months and 6 months before the dates of the elections.

9) The Nominating Committee will submit its complete slate to the Executive Committee at least 90 days before the dates of the elections.

10) Nominations should be through written letters that address the various criteria that will be used by the Nominating Committee in its selections.

11) The Nominating Committee will use the following criteria in its selection of candidates.
   a. Previous accomplishments within ISPRM.
   b. Previous accomplishments within IRMA or IFPM&R
   c. Other accomplishments within PM&R nationally and internationally.
   d. Lectures given at ISPRM and ISPRM endorsed Congresses.
   e. Regularity of attendance at Congresses associated with ISPRM Board Meetings.
   f. Commitment to assume the responsibilities for which nominated.
   g. Commitment to attend the Board meeting at which the election takes place.
   h. Commitment to attend Board meetings during their tenure on the Board.
   i. Paid up individual membership.
   j. Gender.

MEMBERSHIP COMMITTEE

Goal: To study the means and ways to improve the membership in all categories.

This Committee will consist of 1 chair and 6 members representing different countries.

To review membership definitions and to ensure that each category understand its rights and duties.

To explore alternative ways and means to reach our goal in each category. This process may lead to making recommendations that may affect existing policies and procedures.

To present preliminary reports to the Executive Committee, Executive Director and the By-Laws Committee. The Chairman of the By-Laws Committee could decide if the document should be distributed to other Committees that in his/her judgment could be affected by the recommendations/ suggestions made in this document so that input to this preliminary report could be received from different sources.

The deliberations of the Membership Committee will be done via e-mail primarily. It is contemplated that the chairperson will establish a date line to receive answers/comment/suggestions from any of the Committee members. If these answers are not received within the established time framework, the chairperson will understand that no answer means acceptance of the proposal.

AUDIT AND FINANCIAL COMMITTEE

The Audit and Financial Committee will:

(1) Implement a yearly budget to be approved by the Executive Committee.
(2) Produce a budget and operational funds and balance statements in acceptable accounting formats.

(3) Review financial reports on a quarterly basis.

(4) Meet yearly and provide a report to the Executive Committee including minutes and phone conferences calls as necessary.
AWARDS COMMITTEE

Introduction

The International Society of Physical and Rehabilitation Medicine may recognize members at its congresses through awarding the Sidney Licht Lectureship Award and the Herman Flax Lifetime Achievement Award.

Sidney Licht Lectureship Award

The Sidney Licht Lectureship Award was established by the International Rehabilitation Medicine Association in honour of Sidney Licht, its founding father and a tireless advocate for the expansion of rehabilitation medicine. The ISPRM continues this award to honour physiatrists who have made consistent contributions to the advancement of international physical and rehabilitation medicine. Those receiving the award will be respected and admired by their peers for their outstanding accomplishments in advancing the care of those with disabilities internationally, and for their leadership within the ISPRM. The ISPRM when selecting individuals for this award includes among the criteria recognition that the awardees have substantive information to share with their colleagues through the lectureships. The award is limited to one every two years, and need not be given at every congress.

Herman Flax Lifetime Achievement Award

The Herman Flax Lifetime Achievement Award was established by the International Rehabilitation Medicine Association in honour of Herman Flax who provided outstanding leadership to IRMA and his specialty throughout his long career as an academic physiatrist. The ISPRM continues this award to honour individuals with a lifetime of outstanding and unique contributions to the care of individuals with disability and the specialty of physical and rehabilitation medicine. Individuals receiving this award will have made contributions in the areas of patient care, research, education, administration and advocacy including advancing the ISPRM. This award is the ISPRM’s highest honour. It is limited to one every two years, and need not be given at every congress.

PUBLICATIONS COMMITTEE

Goals:

a. To liaise with the Chief Editor(s) and Editorial Board(s) of the Official Journal(s) of the Society.
b. To provide material for the “News & Views” electronic journal publications.
c. To oversee and coordinate the operations of the ISPRM publications including the Newsletter, Journal(s) and Website.

The Committee will consist of one chair and members individually responsible for the Newsletter, Journal(s) and Website. There should be sufficient members to represent different countries and regions of the World. The chair will be held by the Editor of the electronic publication of the Society “News & Views”.

The Committee will maintain close co-operation with the Regional Vice Presidents in order to collect material from their Regions’ countries, having to do with activities of national PRM societies and/or other scientific activities and works.

The Committee members must try to find and encourage colleagues from their countries or regions to send news for activities or views for the future of PRM, to the Editorial Board of the electronic journal.

The Committee will co-operate with the Secretary and Executive Director for publicizing Society’s documents.

The Chair will prepare and submit an annual report regarding the Committee’s activities to the Executive Committee.
IV. Executive Committee

- The Executive Committee shall be formed by the following officers.
  - President
  - President-Elect
  - Vice-President
  - Immediate Past-President
  - Secretary
  - Assistant Secretary
  - Treasurer
  - Assistant Treasurer

Nine Representatives of National Societies: three Members each from the three ISPRM Areas: the Americas; European, Eastern Mediterranean and Africa; and Asia-Oceania Areas

Three Representatives of Individual Members: one from each of the three ISPRM Areas

Executive Director (ex-officio)

Presidents of all upcoming Congresses (ex-officio)

4. Qualifications

To be a member of the Executive Committee it shall be necessary (a) to have a Medical Doctor degree with a PM&R specialist title or equivalent; (b) to have at least 10 years of PM&R practice or national equivalent; (c) to be an active and participating member in national and international PM&R or related organizations; (d) to be actively practicing and/or participating in organizational activities in his/her own country and (e) to be an Active Member of the ISPRM (individually or through his/her National Society).

3. Terms and Methods of Selection

    aaa. President, one two year term, automatic succession from President-Elect
    bbb. President-Elect, one two year term, automatic succession from Vice-President
    ccc. Vice-President, one two year term, elected by Assembly of Delegates
    ddd. Immediate Past President, one two year term, automatic succession from President
    eee. Secretary, two year term, maximum of two additional terms, elected by the Assembly of Delegates
    fff. Assistant Secretary, two year term, maximum of two additional terms, appointed by President after ratification by the Executive Committee
    ggg. Treasurer, two year term, maximum of two additional terms, elected by the Assembly of Delegates
    hhh. Assistant Treasurer, two year term, maximum of two additional terms, appointed by the President after ratification of the Executive Committee

iii. Nine Representatives of National Societies: one each from the southern, middle and northern Americas; one each from Europe, Eastern Mediterranean and Africa; and one each from Asia-Western Pacific, Oceania-Western Pacific and Southeast Asia.; two year terms, maximum of one additional term; elected by the National Representatives of the Assembly of Delegates from the ISPRM areas that correspond to the areas the delegates represent.

jjj. Three Representatives of Individual Members: one from each ISPRM Area: the Americas; Europe, Eastern Mediterranean and Africa; and Asia-Oceania; two year terms, maximum of one
additional term; elected by the Individual Representatives of the Assembly of Delegates from the ISPRM areas that correspond to the areas the delegates represent.

kkk. Two Members at Large representing Individual Active Members, two year term, maximum of one additional term, elected by the Assembly of Delegates

III. Executive Director, ex-officio

mmm. Presidents of all upcoming Congresses, ex-officio
I. This proposal includes a new section of the Policies and Procedures to be placed between the current sections on the Executive Committee and the President’s Cabinet.

II. Section IV. Assembly of Individual Members

a. All individual members of the ISPRM will be members of the Assembly of Individual Members.

b. The Assembly of Individual Members will elect 15 of its members to represent the ISPRM individual members in the Assembly of Delegates.

c. The Assembly of Individual Members will elect the three At Large Representatives of Individual Members who will represent the Individual Members on the Executive Committee. Members from each of the three ISPRM areas will elect their own representatives.

d. The Assembly of Individual Members will elect its Chair who will be responsible for the activities of the Assembly.

e. The Assembly of Individual Members will elect its own Election Committee to supervise the election of its representatives to the Assembly of Delegates, its representatives on the Executive Committee and its Chair.

f. Initially after the ISPRM establishes the Assembly of Individual Members, the two At Large Representatives of the Individual Members on the Executive Committee will supervise its initial operations until they are able to establish the provisions of these By-Laws changes.

g. The Assembly of Individual Members can conduct its business either during meetings or by electronic voting.

   i. The Assembly of Individual Members (AIM) must have a quorum of at least 5% of the ISPRM individual members to conduct its business. A simple majority of those attending the meetings of the AIM can pass motions.

   ii. If the AIM fails to have a quorum at one of its scheduled meetings, it may act upon the action items of that meeting’s agenda through an electronic vote.

   iii. An electronic vote of the AIM requires votes of at least 10% of the individual members to be valid. A simple majority of those who vote within 30 days can pass motions.
APPENDIX 8
Proposed Revisions to the Policies and Procedures
Selecting representatives of the Assembly of Individual Members to the Assembly of Delegates

Assembly of Delegates

2. The Assembly of Delegates shall be presided over by the President of the Society and be responsible for the strategic decisions of the Society to include:
   a) Approving changes to the By-Laws
   b) Approving the accounts of the previous booking year
   c) Approving the actions of the Officers
   d) Selecting sites of the world congresses
   e) Approving strategic plans
   f) Approving collaborative plans
   g) Electing members of the Executive and Nominating Committees
   h) Removing Officers who do not meet the standards of their offices
   i) Dissolving the Society

3. Composition of the AD
   a) All members of the Executive Committee as described by these By-Laws.
   b) One representative from each National Society.
   c) Fifteen Representatives of Individual Active Members as elected by the Assembly of Individual Members
   d) Executive Director (ex officio)

4. Election of Assembly of Delegates
   a) The President-Elect shall become the President. The President shall hold office until the next biannual election and shall also be the chair of the Assembly of Delegates. If the President is unable to assume or to continue as the President, the President Elect shall fill the vacancy.
   b) Immediate Past President: automatic succession from President
   c) President Elect: automatic succession from Vice-President.
   d) Vice President: the Nominating Committee shall nominate The Vice-President. The nominee must have a Medical Degree, be a PM&R specialist with 10 years experience, be in “good standing of practice” in his/her own country and professional organizations; have demonstrated involvement with national and international organizations and be a member of the ISPRM. The nominee could be up to 5 years after retirement of actively practicing but she/he must be actively participating in organizational activities in PM&R in his or her own country. The nomination must be submitted up to three months prior to the upcoming ISPRM Congress, accepted by the Executive Committee and approved by the Assembly of Delegates.
   e) Secretary, Treasurer, Regional Vice Presidents, Members at Large (Active National Societies and Active Individual Members), will be nominated by the Nominating Committee, approved by the Executive Committee and elected by the Assembly of Delegates.
   f) Representatives of National Societies will be nominated individually by each National Society six months or earlier prior to the upcoming biannual election. The term will 2 years. The National Society can appoint an alternate.
   g) The Assembly of Individual Members will elect 15 of its members to the Assembly of Delegates as Representatives of the Individual Members.
5. The AD will meet at least every year with at least one meeting coincidental with the International Congress. Meetings and votes of the AD between international congresses may be conducted electronically. At the physical meetings of the AD, a quorum shall be the President or his delegate and at least 10 percent of the remaining Assembly members unless the AD agenda includes revising the By-Laws, removing an Officer or dissolving the Society. The requirements for AD action in these three circumstances appear later in these By-Laws.

6. Between meetings of the AD, the EC will assume those responsibilities of the AD that it cannot accomplish through e-mail voting and that require action before the next AD meeting.

7. The AD must approve the accounts of the ISPRM within 6 months after the closure of its booking year.

8. The AD can remove an Officer after a hearing that determines the Officer failed to meet the standards of the office.

9. Annually, the AD must approve the actions of all Officers that occurred since its last annual approval.

10. At AD meetings, the President will present a report summarizing the major activities of the ISPRM since the last AD meeting.
XIV. Affiliations

a. The Society will maintain an affiliation with the World Health Organization and other international organizations the Assembly of Delegates identifies.

c. The Society will seek to establish and maintain affiliations with regional PRM societies.

   a. The Assembly of Delegates will identify regional PRM societies with which the ISPRM will seek to establish and maintain mutual recognition and collaborations.

   b. The ISPRM and collaborating regional PRM societies will execute two year written plans that identify the activities each will implement in order to contribute to the goals of the other or mutually to the benefit of PRM internationally or regionally.

   c. Before the terms of these plans expire, the ISPRM and the collaborating regional PRM societies will review the success of the activities within the plans and make suggestions on activities future plans might include.

   d. Continuation of the collaborative plans will require the ISPRM and the regional PRM societies to agree on new two year plans.
The By-Laws Committee presents these revisions to the Policies and Procedures for Assembly of Delegates consideration. They form a new Section IV of the Policies and Procedures, and if the Assembly approves them, the By-Laws Committee will have to renumber the later Policy and Procedure Sections.

IV. ISPM Areas

1. The Executive Committee will organize the regional activities of the ISPRM by designated geographic areas. These areas also will determine who votes for the regional representatives of the Assembly of Delegates, Assembly of Individual Members and Executive Committee.

4. The three major geographic areas of the ISPRM will be the Americas; Europe, Eastern Mediterranean and Africa; and Asia-Oceania. They will correspond to one or more of the WHO Regions. Each of these areas has three sub-areas.

   a. Americas (WHO Region)
      i. Northern (USA and Canada)
      ii. Middle (Central America)
      iii. Southern (South America)
   b. Europe, Eastern Mediterranean, Africa
      i. Europe (WHO Region)
      ii. Eastern Mediterranean (WHO Region)
      iii. Africa (WHO Region)
   c. Asia Oceania
      i. Western Pacific-Asian Countries (Partial WHO Region)
      ii. Western Pacific-Oceania Countries (Partial WHO Region)
      iii. Southeast Asia (WHO Region)
XIII. Publications

5. News & Views (electronic journal): N&V shall be distributed to the membership on a monthly basis. The production of the N&V will be the responsibility of the appointed by the Executive Committee Editor in close liaison with the Secretary and with the assistance of the Executive Director. The newsletter is to be distributed via website, and/or direct mailing to all paid-up members.

6. Journal: Journal(s) shall be selected and approved by the Assembly of Delegates following recommendations of the task appointed by the President for this purpose. The Journal(s) shall become the Official Publication(s) of the International Society. The journal(s) shall (a) be free standing from the Society but shall offer a reduced subscription rate to the Society membership, (b) collect subscription fees independently from the International Society, and (c) provide space in each issue for news and/or any other information about the International Society. If feasible, selected papers presented at the World Congress shall be published in the journal(s).

7. Website: A web site is to be established and updated on a routine basis every three months. The updating of the website shall be the responsibility of the Executive Director but the Secretary, “News &Views” Editor, other members of the Executive Committee, the Assembly of Delegates and membership at large shall be responsible for providing the material for publication. The website should publish the in force By-Laws and Policies and Procedures, the approved minutes of the Assembly of Delegates. In addition the web site should consist of information about the society, membership applications, world congress information and registration, calendar of events, exchange of experts directory, membership directory, newsletter, etc.

8. Position Papers: When a stakeholder identifies the need for an official position of the ISPRM on a topic of interest, the stakeholder will submit a proposal and justification to the Publications Committee for evaluation. The Chair of the Publication Committee with advice from Committee members will appoint an ad hoc committee to prepare a draft of the statement. The Publications Committee will then review this draft and submit it to the President’s Cabinet for final approval.

9. The President with the approval of the Executive Committee shall appoint a Chair and members of a Publications Committee. The Committee shall assume the oversight of these publications. Members of the Publications Committee will include those assigned to coordinate the activities of each of these methods of communication. The number of Committee Members can vary depending upon the needs of the Committee.
Assessment of the financial activities coordinated at the Management Office

Prepared by: Dries Geeraert

April-May 2011

Version 02.0 (19 May 2011)
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AUDIT RECOMMENDATIONS

AUDIT FOLLOW-UP
Introduction

Between 28 April and 15 May 2011, a mainly financial assessment audit of the Management Office activities for ISPRM was conducted, partially off-line and partially in Assenede (Belgium) at the office of MediCongress (further referenced to as "MC") by Dries Geeraert, Auditor. The purpose of the audit was to assess

- the effectiveness of the contract concluded between ISPRM and MC
- the financial activities and obligations of both parties under the current contract and way of working
- the follow-up on the issues and recommendations of the previous full audit of May-June 2009

On behalf of MC, Mr. Werner Van Cleemputte (Managing Director) participated to the audit with whom the scope of the audit and all related aspects were agreed.

Telephone interviews and email exchanges were conducted with the above mentioned person. The interviews covered the scope of services and activities as described above and performed by MC for and on behalf of ISPRM.

Before the formal publication of this assessment, the audit findings and remarks were discussed and agreed between the parties that participated to the audit. The way the findings and remarks will be addressed and solved does not constitute part of this assessment.

Audit Scope

The audit scope includes

- follow-up on the previous audit remarks relating to the contractual requirements between ISPRM and MC (including the changes in the way the website is operated)
- the review of the books and documentation held at MC and ISPRM, including the bank account used for office and support activities to ISPRM but excluding any other account (like the MC accounts).

More in detail the audit will cover following contractual obligations and important recommendations as follow-up on the previous audit:

- Financial audit (annual accounts, results, book- and cashkeeping)
  - Review of the contractual obligations (financial) (I)
  - Maintain bank accounts on behalf of ISPRM (IV)
  - (financial) reporting (V)
  - Collection of memberships (VIII)
  - Fundraising (the way this is accounted) (X)
- Follow-up on important issues from previous audit
  - Signed contract (I)
  - MC mentioned on the ISPRM website as support contact (I)
  - Formal communication of data privacy to members (II)
  - Improvement on manual interface between MC and website (III)
  - Metrics on work done by MC to justify fee (III)
  - Contract review (XVI)
- All other elements are excluded for this audit

Because ISPRM is at the moment of this audit still a factual organisation according to Belgian law, there is no strict legal obligation for ISPRM to comply with local or general legal accounting obligations. However, basic accounting practices like keeping books (in, out, cash) and accounting trails (proof, documents) were accepted to be within the scope and to be adhered to like a bonus pater familiae.

However, in June 2011, papers will be signed to upgrade the ISPRM to a VZW according to Belgian law, setting it up as a distinct organization with directors and members.

The interviews were conducted via meeting, telephone and electronic communication, the latter also for exchanging evidence. Findings and possible issues were documented in a draft report which is then to be discussed with the audit-initiator, Mr. Werner Van Cleemputte, and any other person he desires to include in the review round. Comments, remarks and feedback will be recycled and the audit report updated to a final document that will then be formally transmitted to the sponsor.
The Audit Agenda was communicated in writing (email) Mr. W. Van Cleemputte. No objections were raised against it or modifications asked for.

Practical note:
For the sake of cross reference, this audit report takes other the same structure and headings from the previous reports. That way, a reader can check the evolution in how issues evolve, get addressed and how the way of working by MC improves.

Audit Findings

Executive Summary
The 2011 audit focusing on the financial aspects of the services provided by MC to ISPRM showed that MC continues on the good level of practice that was established since the previous audit. The operations are still quite satisfactory and are conducted in a professional way.

The relationship between MC and ISPRM is satisfactory and parties are willing to meet their duties and obligations. Office management and support activities are adequate and are supported by suitable audit trails.

Although the financial side of the activities is good and MC delivers a service level that quite meets the expectations, there is no trace that ISPRM addressed some of the more important recommendations from the previous audit like improvements to the new website (which could have had a positive financial influence) and the use of modern ways to automate membership follow-up.

This audit concentrated on fulfillment of the financial contractual obligations and the completion of the recommendations from the previous audits. The overall audit opinion in that respect is good.

Traces of follow-up on previous audit comments are hardly existing and indirect. A more direct, transparent and documented way of working, based on best practices from industry, is highly recommended to turn ISPRM in a well organised and more efficiently working organization.

The audit findings (management summary and details) can be found in the next sections of this report. It follows the outline of the previous audits for easier cross referencing.
ISPRM  Management Services audit assessment

I. A permanent and legal contact address for anybody wishing to contact ISPRM.

Comments, issues and recommendations 2009
1. Since the website is promoted as one of the key communication tools between the members and the organization and since MC is supposed to act as prime contact for the members, the fact that MC is not referenced to is a missed requirement in the website (but out of control by MC).
2. Recommendation: since MC has no contractual relationship with Daronet, the website developer, we recommend that the daily board of ISPRM asks Daronet to mention MC as point of contact and central office on both the homepage and the “contact” page.

Findings 2011
1. The recommendations of the previous audit have not been implemented. This issue, which lies outside the control of MC, decreases the efficiency of the communication between the management office / daily secretariat and the ISPRM members.
2. The board of directors of ISPRM has amongst others the task to maximize the opportunities for communications between its members and the daily secretariat which is the focal point for communication between all members.

Comments, issues and recommendations
Not satisfactory
1. We hence recommend again to reorient the website to ensure all its capabilities can be optimally used e.g. in enabling individuals and societies to communicate easily with the daily secretariat and allow an easy annual re-subscription.
2. Integration and eliminating extra steps has been accepted as best practice in making an organisation leaner and more cost effective. This audit recommends to list all requirements from and expectations towards an organisation like ISPRM as well as potential points of improvements in its way of working. During a special meeting, the stakeholders can in an objective way discuss and decide on how to respond to each point and turn it into an action point with a responsible and a due date for completion.

II. To ensure that legal registration procedures of ISPRM are up-to-date according to the requirements of local legislation
n/a

III. To run the central office and daily secretariat of ISPRM
n/a

IV. To maintain bank accounts on behalf of ISPRM

“To maintain a bank account on behalf of ISPRM and a separate bank account for the International Educational and Development Fund. To maintain a separate financial file or book for the International Educational and Development Fund”

Findings
1. MC operates a bank account (in Euro), two saving accounts (in Euro and in USD) as well as a Trust Fund account on behalf of ISPRM. MC confirms there were no other accounts opened or changed during the auditable period. As stated during previous audit, the regular bank account is used for daily or operational activities, the other saving accounts for projects or exceptional activities of the ISPRM (e.g. congresses).
   a. Regular bank account: all outgoing transactions on there are backed up by evidencing documents, mostly invoices.
   c. Saving accounts in Euro: the amount of about 100 K Euro is invested in three different saving schemes of which one is weekly and the two other ones are monthly reinvested.
2. The 3 accounts on behalf of ISPRM are:
   d. 751-2000918-42 bank account
e. 762-0115584-60 is being used for higher yielding on money that is not of immediate need.
f. 762-0115865-50 is being used for trust funds management

   a. all bank statements for 2010 were investigated.

4. Trust Fund Account (762-0115865-50):
   a. all bank statements over the auditable period are available.
   b. The only activities on this account are the renewals of the savings for a limited period.
   c. The interest from the previous period is capitalised.
   d. The closing amount on each statement increases and amounts to 138 k€ beginning of May 2009

5. Savings account (762-0115584-60)
   a. Holds 106.8 k€ (107.1 k€ end of 2010) and 38.5 k in Jan 2010. The EURO amount is more than double as in 2007, the USD amount shows the normal increase of an adequate saving account.
   b. The saving periods are very short (order of magnitude: between 1 week and 1 month).
   c. Apart from the regular (weekly/monthly) decision to reinvest the money, no activities have been going on on these accounts. Since there are quarterly reports from the Central Office (MC) to the board of directors, they agree with the way the money is invested.

6. Payments to ISPRM can, apart from the normal bank transfers of payments in cash e.g. during the congresses, be done using a Credit Card Reader system. These amounts are booked on the account of MC and periodically transferred to the ISPRM daily account. As announced in the previous audit report, the importance of this way of payment has increased and accounts according to the Membership Fee Report 2010 now for 26.6% of all membership payments

7. Financial status communication: The contract foresees a quarterly financial report (with income and expenses, in comparison with the estimates) to the Treasurer. The quarterly financial report is combined with the secretarial report and constitutes one physical document. The financial report is submitted by the MC director and follows as recommended a similar structure which enhances the readability and comparability.
   i. We verified 3 reports in 2010, 1Q 2011
   ii. There are no separate budgets plans for 2008 and 2009.
   iii. All reports contain sufficient information and can be backed up.
   iv. A summary was provided in the quarterly reports from the central office

8. The annual reports on the ISPRM General Accounts, the Trust Fund and the Balance Sheet for 2009, 2010 and 1Q 2011 are available and OK.

Comments, issues and recommendations

Good

3. In general, the ISPRM finance is well under control and done according to the basic rules of good accounting practice. After June 2011 (formal registration of ISPRM as a separate legal body according to Belgian law), a more strict registration will be applicable

4. The annual reports provide the information required to properly assess the financial status and health of the organisation.

5. The recommendation of a fixed lay-out of the report (audit 2007) has been followed, drastically improving the readability and comparability of the reports.

V. Reporting

“To send quarterly a secretarial report to the Secretary-general and a financial report (with income and expenses, in comparison with the estimates) to the Treasurer, and to present yearly secretarial and financial reports to the Board of Governors. To distribute these reports according to the established procedures and to keep a file and/or book with these reports. To prepare in collaboration with the Treasurer annual estimated budgets for income and expenses and to keep a file with these documents.”

Findings

1. The contract foresees a
   a. quarterly secretarial report to the Secretary-general
b. quarterly financial report (with income and expenses, in comparison with the estimates) to the Treasurer

c. annual secretarial and financial report to the Board of Governors.

2. The quarterly financial reports are sent separately to the Treasurer by the MC director (See also above under ‘IV - financial reporting’).

a. All reports are confirmed to be communicated via email to the treasurer

3. The quarterly secretarial report to the Secretary-general

a. A sample check showed available of the reports though Q2 and Q3 2010 were combined in one report. All reports are, in line with recommendations from previous audits, built in a consistent and readable layout.

4. The annual reports to the Board of Governors

a. Available

Comments, issues and recommendations

Good

1. The financial reports are consistent and clear. Additional questions from the auditors have been adequately and clearly responded to

2. All reports that had to be provided according to the contract exist and are written in a clear, consistent and comparable way.

3. No issues.

4. Recommendation: none

VI. To offer all logistic and secretarial support to ISPRM.

n/a

VII. The ISPRM website - contact with publishers

n/a

Comments, issues and recommendations

Not Satisfactory

1. The not satisfactory is mainly due to reason outside control of MC.

VIII. To invoice and collect the annual membership fees, arrange all membership management in the name of ISPRM, and to maintain and update a data base of the membership.

Findings

1. The ISPRM members consist of:

   a. Individuals: The membership fee for 1 year costs 35€, for two years this is 60 € (Increased versus the previous audit as per decision of the Assembly of Sep 2010 in Limmasol).

   b. The fee can be paid in different ways.

   c. National Societies: who represent each a certain number of members on a country bases.

2. Membership and its growth (or decrease) is reported on in the quarterly reports. They confirm that the suboptimal way the website is built has a negative influence on the renewal of memberships.

3. Membership management is still being done on computer through an Excel-sheet with different tabsheets. This Excel-sheet contains a.o.

   d. the identification data of each active and non-active member

   e. the membership fees that were paid by each member

   f. Basic personal information (address, specialty, hospital, email address, phone, …)

4. The link between membership and reduction for enrollment on ISPRM activities is still weak and may be improved for more (cost)efficiency. As said before, a well-organised website that is integrated with the MC database can largely contribute to this.

5. (2009) The automatic link between this management system and the new website is said to be ineffective, implying that information has to typed over from one system to the other. (2011) No improvement can be reported in this area. Nevertheless, this is the closing piece on one of the contractual obligations where MC has to provide membership information “for the outside website
fim in order to enable this firm to maintain a website membership database in line with the Central Office database.”

Comments, issues and recommendations

**Good** (with room for improvement on data management)

1. Evaluation: reconfirmation of previous findings
   a. The Excel sheet for follow-up on individuals is still an excellent and efficient tool. The way it is used guarantees an optimal follow-up of membership, payments and reminders.
   b. No names are removed from the list: as such, (former) members who have forgotten to pay their membership fee can be re-invited the next year.
   c. The Excel-sheets contains email addresses that are combined with the mail-merge functions of e.g. MS Word to send mails (reminders, information, ...) to the members and/or former members. Ideally, this member-information should also be linked to a website database that can also check/remind on membership, control access to the website and be a source for selective communication to the ISPRM community.
   d. The concept of combined membership fits in this website/database driven view: the website can know all members of a national organization and allow a collective subscription to ISPRM. This will reduce the admin work and, more importantly, ensure that all national members are also ISPRM members (with more revenue for ISPRM). A higher number of members is also a stronger argument towards sponsors (see also under section “X” below).

2. No issues.

3. Reissuing of prior recommendation from 2009: improve the link between the ISPRM membership and –in particular- finding out in a direct way who is entitled to a reduced reenrollment fee. This could be done by integration membership follow-up and conference subscriptions via a common portal and a single database behind that. This mature and relatively easy to implement solution should lead to a clear win-win situation for all stakeholders involved and will put one of the contractual obligations from MC to us.
   When that doesn’t seem possible, it may be worth considering to return all membership management, including that part of the website, back to MC who has the effective means of handling that in a cost-effective and userfriendly way.

IX. To communicate on a daily basis with individual members and national societies.

n/a

X. To set up a professional collaboration with industry in order to obtain financial support and funding for ISPRM.

Findings

1. There is no evidence from the accounts that such professional collaboration has resulted in sponsorship or additional funding.
   a. The Sponsorship Committee has to share information with MC on possible sponsorship opportunities and to investigate or even develop specific likely sponsor tracks.
   b. The role of MC is to assist the Sponsorship Committee by using its network. The purpose is to help ISPRM in contacting those resources and negotiate sponsorship. But as long as the Sponsorship Committee does not show any initiative or doesn’t give directions, MC is unable to activate its network.
   c. There is no trace that the ISPRM subcommittee in charge of following up on these,

2. At this moment, the main sources of such sponsorships are the congresses from which ISPRM derives a certain amount (minimum 30 000 Euro).

Comments, issues and recommendations

**Not Satisfactory**

4. Issue: the Sponsorship Committee may be unaware of the possibilities the cooperation with MC can offer in exploring extra options for sponsorship through the MC network.

5. Recommendation: Make minutes of the activities and actions of the Sponsorship Committee and include then in the quarterly secretarial reports. That way, the Secretary General will be aware of
the activities of the Sponsorship Committee and of all follow-up that has been given to those, including the access to and use of MC’s network capabilities.

XI. Preparation and planning of meetings
n/a

XII. Preparing an electronic version of News & Views, monthly if possible
n/a

XIII. To assist the Committees Chairpersons to arrange meetings and to distribute the minutes or reports of the Committees, and to keep a file of each Committee.

Findings
1. See under “XI Preparation and planning of meetings” above.

Comments, issues and recommendations

Good
1. No comments
2. No issues.
3. No recommendations.

XIV. To redirect any correspondence received at the central office to the proper Officer or Committee Chairman for action. To keep a file in the central office.

n/a

XV. To facilitate communication with related societies and government agencies (such as WHO), and to arrange contacts with publishers, congresses etc.

n/a

XVI. Review of contract between ISPRM and MC

Findings
1. This section covers all items that are not covered in the previous sections
2. Last audit, no originally signed and dated copy of the contract could be produced Now, there is a signed and up-to-date contract available.
3. This contract is tacitly prolonged every year and fees are indexed.

Comments, issues and recommendations

Good
1. There is an originally signed and dated copy of the contract: according to Belgian law, a contract exists when both parties agree on subject and price. The written version is only required as an evidence of such agreement.
2. No Issues.
3. Repeat recommendation of 2009, amongst others since the expectations of the contributing parties do not seem to match perfectly: especially with a third player on the scene (Daronet), it is recommended to formalize the mutual expectations and make clear (or detail) what is expected: for example, the contractual relation with website provider Daronet is with ISPRM and not with MC. Because the contract between MC and ISPRM expects an efficient membership management and that the website is a very efficient way to do so, it is up to ISPRM to make sure Daronet meets the legitimate efficiency requirements of MC or to delegate this authority to MC.

XVII. Agreed actions from Audit Follow-Up report in March 2004 and recommendation from the 2007 audit

1. Some of the actions agreed there have been implemented to a higher or lesser degree. Since most of the recommendations do not deeply impact on the regular activities, they will not individually be followed up, giving the parties an additional audit period in completing them.
2. However, this audit had to repeat some of the recommendations of previous audit which may indicate a flaw in the communication of and follow-up on the recommendations.
3. To make sure this isn’t the case, we recommend that the minutes of one of the next board meetings will show that the audit results (and because this audit is only financial, also the non-financial results from 2009 and in particular the ‘other useful audit remarks’ in section XVIII) have been discussed and corrective measures have been decided.

Audit Recommendations
The audit issues and recommendations on this audit are listed with each discussion of the aspects of the financial contractual obligation.
The major findings from this audit are

1. The strict financial activities as covered by a normal financial accounting audit are good.
2. There is no evidence that some of the clear (non-financial) painpoints revealed in previous audit have been addressed or even discussed. As such, we most strongly advice to take action here and bring ISPRM another step closer to good membership-management and communication.

The major recommendations from this audit are

3. Continue good practice: communication is going well and financial reporting is consistent and clear. The recommendations in this area are limited and non-critical, including some of the previous audit that haven’t been addressed yet.
4. Ensure that proper follow-up measures are discussed and agreed upon to meet the recommendations of this and the previous audit.
5. (2009) The management of the payments was during last audit seen as an additional administrative burden for the organizing society. Although the new website provides electronic means for members to register, the new website didn’t ensure that the link with MC was ascertained, resulting in additional manual work both for MC and the congress organizers. This is an area for major improvement, beneficial to all parties.
6. (2009) The recommendation raised in 2007 to make sure MC and ISPRM are fully complying with the Belgian privacy legislation is repeated: we recommend to formally communicate to the members, when asked to (re)subscribe, that basic information on them is registered in a database and that they at any time can ask to verify this information. This can be done via a message on the website and ensures that way full compliance with most privacy regulations worldwide.

Audit Follow-up
The audit follow-up is to be done by ISPRM and out of scope of this audit assignment. They will assess the urgency with which the recommendations have to be addressed and the criteria by which their completion will be measured.
We suggest following flow of action:
- for each action/recommendation identified, assign a responsible to make sure the action gets completed
- for each action/recommendation, set up an action plan, acceptance criteria, a due date and identify the persons needed to achieve the plan.
- upon completion, document this and formally close the action.
- Keep the information available for next audit.
In a normal audit context, an action is expected to be completed within 90 days.