



INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – FEBRUARY 2005

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ISPRM BOARD MEETINGS DURING THE BRAZIL ISPRM WORLD CONGRESS

By Werner Van Cleemputte

We kindly invite all ISPRM Board Members and all ISPRM Committee Members to the Board Meetings that will be organised to the occasion of the World Congress in Brazil. These ISPRM Board Meetings will take on the following days

President's Cabinet Meeting (President's Cabinet Members only)
Sunday, April 10 morning from 09.00-10.30 hrs

Executive Board Meeting (Executive Board Members only)
Sunday, April 10 morning from 10.30-12.00 hrs

First Board of Governors Meeting (ISPRM board members in GOOD standing only)
Sunday, April 10, 2005 afternoon 13.30-17.30 hrs

Second Board of Governors Meeting (ISPRM board members in GOOD standing only)
Wednesday, April 13, 2005 afternoon 13.30-18.00 hrs

The agenda of the different Board Meetings will be mailed to you by the beginning of March.

CALL FOR REPORTS

By Werner Van Cleemputte

We kindly invite all ISPRM Executive Board Members and the Chairs of the different ISPRM Committees to submit the reports of their ISPRM activities for presentation during the above specified ISPRM Board meetings

Deadline for receipt of Reports is **March 11 at the latest.**



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OVERALL MANAGEMENT OF THE PATIENT AFTER BRAIN INJURY NEW GLOBAL ORGANISATION RISING IN ITALY.

By Alessandro Giustini, Presidente SIMFER, and Salvatore Maugeri Foundation - Italy

Cerebrovascular disorders are the most frequent neurological pathology in Italy.

Epidemiological surveys indicate that the incidence of ictus is 292 new cases/100,000/year and the standardized rate in the European population is 259 cases /100,000/year; the incidence increases with age being 6 cases/100,000/year in people under 45 years old and 2159/100,000/year in people over 70 years old.

Cerebrovascular diseases are, therefore, one of the main care problems in Italy; their relevance is destined to increase further in the near future in relation to predicted demographic changes (aging of the population). The treatment of a patient with cerebral ictus is an extremely complex clinical task and its health care and social repercussions are similarly complex.

Until a decade ago, in Italy interest in cerebral ictus was concentrated particularly on risk factors and on secondary prevention. Rehabilitation treatment was then often started in the absence of any real clinical relationship, but not even scientific investigation or analysis of results, with the pathological events (their causality, their natural history, the individual's overall substrate). Thanks to the progress in modern diagnostic techniques, invigorated neurobiological and neurofunctional research in this field, and to the successes achieved in some international trials in specifically designated Care Units, which can co-ordinate emergency activities and the rehabilitation interventions: in recent years cerebral ictus has become a medical emergency whose outcome depends on a review of the priorities of the care chain, as is now clear for major trauma and myocardial infarction. This common organizational model has been arranged by the Italian Society of Neuroscience (gathering Neurologists, Neuro-surgeons, Physiopathologists, Neuro-radiologists) by SIMFER (gathering all the rehabilitation Specialists) and by the Intensive Care Doctors. It comes out of National rehabilitation guidelines and it has been practised and confirmed in some regulations of many Regions for their local Health System organization.

Thus, we have finally begun to face the problem from a real "disease management" point of view; indeed, perhaps we can hope to make the next step quickly (scientific and organisational management at the same time) until we achieve a system targeted at "Disability and Health Management".

In order to guarantee a patient fast admission into an appropriate hospital and adequate continuity of care until he or she has achieved the best possible level of social reintroduction, there needs to be an efficient system of co-ordinating sites and times of care in a network of structures and services in which interventions are integrated in the various stages of the disease: acute, post-acute and stabilisation.

In Italy, the 1998 Ministerial Guidelines on Rehabilitation, like the indications of the last National Health Care Plan, promote the need to create a specific network, department-based functional structures devoted to patients with an ictus. The aim of this Departmental Network is to achieve functional integration between acute care structures (Resuscitation/Neurosurgery), post-acute early rehabilitation, long-term rehabilitation and community services. This integration provides a single, interconnected and complete response to the patient with ictus by adopting shared rules of care behaviour, education and research.

This response is under responsibility of PRM Doctor who has in charge to define Individual Rehab. Plan, containing all intervention, times, goals and means for verify.

Indications for good clinical practice (i.e. protocols, flow charts or guidelines, depending on the different levels of validation and evidence) for the evaluation and treatment procedures are both a preliminary but also an essential part of creating educational and professional bonds between the various figures. Another essential element is to establish a concrete interdisciplinary system, permanently stable for the whole time the patient is in care. This interdisciplinary organisation is qualitatively different from the traditional consultations, and necessarily requires a substantial degree of responsibility of all the Specialists involved in the care of the patient without, obviously, undermining the fact that the ultimate single responsibility for the set of interventions of the Individual Rehabilitation Project is held by the P M Rehabilitation specialist.



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Finally (but certainly not of least value) the family's active participation must be established and maintained: this requires a constant attitude, by all team-members, to provide information and to consider not only on "what to do" but also and always "why do it" given that only by sharing aims can real participation of family members and care-givers be achieved. The parameters for evaluating adequacy, efficacy and efficiency of this set of performances must be related to the patient's outcome at the end of the therapeutic programme: this should be evaluated through the level of "functioning" as represented by the ICF.

So in Italy are rising many Stroke Units covering all activities from emergencies to rehabilitation, and all those Units are into a national/regional NetWork with same organisation, same means, same goals. In this NetWork Rehabilitation is in charge to represent the "main stream" to reach true quality, efficacy ed effectiveness.

References:

- International Classification of Functioning, Disability and Health (ICF). 2001 WHO, Geneva (Switzerland).
Linee Guida del Ministero della Sanità per le attività di Riabilitazione. (1998) Gazzetta Ufficiale n.124, date 30.5.1998.
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Stuky G, Ewert T, Cieza A. Value and application of the ICF in rehabilitation medicine. *Disabil Rehabil.* 2002 ;24:205-10.
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Wolfe C, Rudd A, Langhorne P. Taking acute stroke seriously. *BMJ* 2001;323:5-6.

NOMINATIONS

Peter Disler who was Hon. Secretary of the IFPMR from 1995 till 1999, Vice President of IRMA (Asia-Pacific Region) from 1997 to 1999, and Australian representative on the Board of ISPRM, has been appointed to a new position as Professor of Medicine at Melbourne's Monash University and Chairman of the Division of Medicine at Bendigo Hospital. His major focus will be the development of research and teaching programmes in the new rural Clinical School which is situated 2 hours outside Melbourne. We wish Peter good luck with this new and challenging endeavour.

NEWS & VIEWS EDITORIAL BOARD

The ISPRM News & Views Editorial Board consists of:

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Please feel free to submit articles for the News & Views and to take part in our Editorial Board.



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UPCOMING MEETINGS AND CONGRESSES

Congresses with the ISPRM logo are endorsed by the ISPRM and offer reduced fees to ISPRM Members

- Congresses on **Stroke and Neurology**: see http://www.internationalstroke.org/s_content.php?id=fb2002-03-04-1020 and http://www.eurostroke.org/esc_main%20links.htm
- **Physical Medicine & Rehabilitation for Clinicians**, March 4-5, 2005, Amelia Island Plantation, Amelia Island, Florida, USA, visit : www.mayo-edu/cme
- **International course on Rehabilitation and Prevention of Disability** (management module), 7-18 March, INF Green Pastures Training Centre, Kaski, Nepal: info gptc@inf.org.np
- **Firth European Congress on Clinical and Economic Aspects of Osteoporosis and Osteoarthritis**, March 17-19, 2005, Rome, Italy, visit: yolande@piettecommunication.com
- **International Course on Community Based Rehabilitation** (CBR), 21 March - 1 April, INF Green Pastures Training Centre, Kaski, Nepal: info gptc@inf.org.np
- **Seventh Annual Meeting and Symposium of the American Society of Interventional Pain Physicians**, April 1-3, 2005, New Orleans, Louisiana USA. Visit www.asipp.org
- **57th Annual Meeting of the American Academy of Neurology**, April 09 - April 16, 2005, Miami Beach, FL, USA – visit www.aan.com



**3rd ISPRM World Congress - April 10-14, 2005 in Sao Paulo, Brazil,
www.isprm.org/brazil**

- **6th World Congress on Brain Injury – IBIA**, in conjunction with the 13th Annual Meeting of the **Australasian Faculty of Rehabilitation Medicine (AFRM)**, 5 – 8 May 2005, Melbourne, Australia – www.icms.com.au/braininjury
- **Baylor Orthopaedic & Sports Medicine Course**, May 5-7, 2005, Lakewood Country Club, Dallas, Texas USA
For more information: nabrinad@baylorhealth.edu
- **2nd State-of-the-Art in Chronic Low Back Pain Symposium**, 10-13 May 2005, Bodrum (Turkey). Visit: www.vitalmedbodrum.com
- **ISSLS 2005**, Annual Congress of the **International Society for the Study of the Lumbar Spine**, 10-14 May 2005, New York: contact Margareta.Nordin@nyu.edu – www.issls.org
- **Visual Perceptual Dysfunction Course**, May 13/14th 2005, Gatwick Hilton, Gatwick Airport, UK, visit www.braintreetraining.co.uk



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- **Headache and Facial Pain**, May 20-22, 2005, The Royal Sonesta Hotel, Cambridge, MA, Visit: www.med.harvard.edu/conted
- **3rd International Conference on Bone and Mineral Research & 5th International Osteoporosis Symposium**, Second WHO-Collaborating Center Asian Regional Conference on Osteoporosis, organized under the auspices of the International Osteoporosis Foundation, May 23-27, 2005, Xi'an, China, information: www.china-osteofound.org/en/
- **XXI National SIMFER Course: Rehabilitation at home: the management and organization.**, May 23-25, 2005, Turin (Italy) - Main language Italian - Visit: www.simfer.it
- **14th European Stroke Conference**, May 25 - 28, 2005, Bologna, Italy, <http://www.eurostroke.org>
- **Harvard Medical School Program for Leaders in Healthcare Education**, June 12-17, 2005, Boston Massachusetts USA. Visit: www.harvardmacy.org
- **Principles and Practice of Pain Medicine**, June 22-26, 2005, The Fairmont Copley Plaza Hotel, Boston Visit: www.med.harvard.edu/conted
- **3rd Annual Comprehensive Pain Board Review Symposium**, August 2-6, 2005. The Marriott Madison West Hotel, Middleton, Wisconsin USA, Visit: www.orthorehab.wisc.edu/rehab
- **11th World Congress on Pain (IASP)**, 21 – 26 August 2005, Sydney, Australia – www.iasp-pain.org
- **4th ISPO Central and Eastern Europe Conference**, 22-24 September 2005, Belgrade, Serbia & Montenegro – information at 4.ISPOCEEBCBELGRADE@eunet.yu
- **130th Annual Meeting of the American Neurological Association**, September 25 - 28, 2005 San Diego, CA, USA, <http://www.aneuroa.org/annual.htm>
- **4th International Course on the Hand**, 24 to 28 October 2005, Bodrum, Turkey, visit: www.vitalmedbodrum.com
- **67th Annual Assembly of the AAPMR**, 27 – 30 October 2005 Phoenix, USA – www.aapmr.org
- **International Conference on CP Rehabilitation**, 1st & 2nd November, 2005, Patna, India, Contact: cpr2005@rediffmail.com
- **XVIIIth World Congress of Neurology**, November 05 - 13, 2005, Sydney, Australia <http://www.medeserv.com.au/aan/events/wcn2005/index.html>
- **XXXIII SIMFER National Congress: The intensive/extensive rehabilitation in Italy: a link between Europe and the Mediterranean area.**, November 8-12, 2005, Catania, Sicily, Italy - Main language Italian - Visit: www.simfer.it
- **Rehabilitation International Arab Conference, "Disability Rights in a Changing Worlds"**, November 14-16, 2005, Kingdom of Bahrain, For more information: www.bah-molsa.com
- **New Zealand Rehabilitation Association Conference**, 17 to 19 November 2005, Auckland, New Zealand. Contact: samira@adhb.govt.nz



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UPCOMING YEARS

- 4th World Congress of Neurorehabilitation, Hong Kong, 12-16 February 2006, visit www.wcnr2006.com
- World Parkinson Congress, 22-26 February 2006, Washington, USA, Contact: info@worldpdcongress.org
- XXXIV SIMFER National Congress, Movement and autonomy: assessment and techniques. June 4 - 7, 2006, Florence, Italy - Main language Italian - Visit: www.simfer.it
- ISSLS 2006, Annual Congress of the International Society for the Study of the Lumbar Spine, 13-17 June 2006, Bergen, Norway, Contact: issls@medicongress.com – www.issls.org
- 131st Annual Meeting of the American Neurological Association, October 08 - 11, 2006, Chicago, IL, USA, <http://www.aneuroa.org/annual.htm>
- 6th Mediterranean Congress of PM&R, 18-22 October 2006, Vilamoura, Portugal. Visit www.the.pt
- 12th World Congress of the International Society for Prosthetics and Orthotics, July 29 - August 3, 2007, Vancouver, Canada. Visit: www.ispo.ca/congress



4th ISPRM World Congress – June 10 - 14, 2007 in Seoul, Korea - NEW DATES

5th ISPRM World Congress – May 9 -13, 2009 in Istanbul, Turkey

Please feel free to announce your upcoming congresses in this agenda by sending an email with all relevant information to the Central Office.