



INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – APRIL/MAY 2005

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THE THIRD ISPRM WORLD CONGRESS – A BRIEF ACCOUNT

**By Linamara R. Battistella, chairperson & Marta Imamura. Scientific Committee
Coordinator of the 3rd ISPRM World Congress**

Brazil was appointed to host the 3rd. World Congress of the ISPRM during the last meeting of the International Rehabilitation Medicine Association (IRMA) in Washington, in 1999. The 3rd. Congress gathered 1821 participants representing 92 countries - 55,8% from America – including Brazil with 32,7% – 21% from Europe, 15% from Asia, 2% from Oceania and 1% from Africa.

We would like to emphasize the support to participation of 184 members from the Latin American Medical Rehabilitation Association, 81 delegates from countries like China, 6 from Hong Kong, 18 from Serbia and Montenegro, 4 from Latvia, 1 from Bangladesh and 1 from India; thanks to the special support granted by ISPRM International Educational Fund - through his chair, Prof. Haim Ring – and by Brazilian governmental project funds.

Thanks to the valuable contribution of 773 participants who delivered presentations for the scientific program, the Third World Congress of the ISPRM could provide participants with an outstanding, lively, energetic and informative scientific program in an atmosphere of warmth, congeniality and hospitality. The main goal of the scientific program was to provide multiple opportunities for participants to interact in order to share their knowledge and experience, discuss current concepts of disability and future directions for the field. Another goal of the Congress was to generate ideas for future studies, research collaboration among the different PM&R departments from all over the World.

Our utmost concern was to show the work of the best rehabilitation centers. Emphasis was placed on updates in state of the art knowledge and review of the most recent advances from an international perspective in understanding mechanisms of disability and improving treatment strategies for rehabilitation patients.

Research based information, results from randomized controlled clinical trials and developments of new technologies, all of which impact treatment approaches currently in use were presented as 187 oral and 764 poster presentations. There were 61 structured poster sessions during the four days of the Congress. Selection of abstracts accepted for presentation was performed by the Scientific Abstract Evaluation Committee which included 63 members from 22 countries.

The scientific program included 10 courses on topics of general interest, four symposia, six main conferences; 78 keynote lectures and 32 conferences. The special sessions named “Meet the Expert” included 16 prominent authorities in Rehabilitation Medicine. Attendees at these sessions had the opportunity to discuss clinical cases and research projects as well as to gather information about the best Rehabilitation Centers for fellowships. Interactive hands on demonstrations of new approaches for evaluating and treating patients with the most common rehabilitation conditions were presented in 33 workshop sessions, some of them with live patients. There were also four international panels to discuss the scope of the specialty and educational needs.



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Our social program comprised a Welcome Reception at “Sala Sao Paulo” – a concert hall in downtown Sao Paulo, with special participation of “Sao Paulo State Jazz Symphonic Orchestra” - and an Opening Ceremony with the State Governor of Sao Paulo, Dr. Geraldo Alckmin, the State Secretary of Health, Dr. Luis Roberto Barradas Barata and ISPRM authorities - with a special presentation of the “Bachian Chamber Orchestra”. Its conductor, Joao Carlos Martins, is a virtuose pianist whose career was shortened by severe dystonia but, thanks to advances in Rehabilitation Medicine, he recovered great part of the movement of his hands. He performed Villa Lobos on the piano. The ISPRM Herman Flax Lifetime Achievement Award was given to Prof. John Melvin (USA), and the Individual Honor Role Membership was given to Prof. Carl V. Granger (USA) and Dr. Satiko T. Imamura (Brazil) at this meeting

It also included a Talent Show with original and creative presentations and a Gala Dinner, reminding the Venetian balls. At the Closing Ceremony, Prof. Gerold Stucki was awarded with the Sidney Licht Lectureship, delivering a lecture on ICF at this meeting; the ISPRM 2005 Best Oral Presentation Award was given to Xia Guo et al. from the Department of Rehabilitation Sciences, The Hong Kong Polytechnic University; Albert Recio and David Burke from Harvard Medical School - Spaulding Rehabilitation Hospital received the ISPRM Best Poster Presentation Awards; Jung-Keung Hyun and Jin-Young Park, Korean Academy of Rehabilitation Medicine were granted the Young Scientist Awards. Prof. Chang-il Park gave a breathtaking presentation on the 4th. World Congress of ISPRM that included a traditional Korean performance. This Ceremony ended with a Brazilian performance of samba dancing.

In total 23 exhibitors presented the most recent advanced technologies in Rehabilitation Medicine. We have received many positive comments on the organization, the scientific and the social activities. The Organizing Committee would like to thank all attendees for their participation.

We look forward to meeting you all in Portugal at the 6th. Mediterranean Congress on PM&R and in Seoul to the occasion of the 4th. ISPRM World Congress.

THE ISPRM INTERNATIONAL EXCHANGE COMMITTEE

By Mark Young, Chair of the ISPRM International Exchange Committee

I have enclosed below an e-mail from Dr. Nhat Tran, a recent US medical school graduate who will be starting his PM&R Residency shortly. Dr. Tran shares his positive feedback about his ISPRM "International Exchange Committee" experience in Viet Nam.

Our Committee is pleased to have played a role. Thanks are due to our Australian Colleague, Dr. Robert Weller for assisting our committee in this placement.

MY EXPERIENCES IN VIETNAM SO FAR

By NHAT TRAN

I'm sorry for not responding to your previous email sooner. I've been touring several hospitals in Saigon and Hanoi. The following is a brief description of my experiences so far. I'll try to send some pictures with this email but I don't know if it will go through or not because of the memory issue with Hotmail. Take care. Nhat.

The pursuit of good health and desire for a better quality of life exist worldwide. My experiences in Vietnam have strengthened my commitment to the field of physiatry. Having visited several hospitals, I've realized that improvement in terms of PM&R education and much needed resources be invested toward countries such as Vietnam so that better psychiatric care can be administered. Despite the limited resources available to doctors and therapists in Vietnam, patients are still cared for in a compassionate manner. The lack of knowledge and resources available to these health care professionals are counterbalanced by their enthusiasm and dedication to their patients. Similar to America, not many people in Vietnam are aware of physiatry as a medical specialty. Patients often exhaust considerable amounts of their resources before they end up getting any psychiatric and rehabilitative care. Hopefully, as better awareness of physiatry's ability to improve patients' quality of life, more emphasis will be focus on physiatry's crucial role within the medical continuum.



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I would like to take this opportunity to thank the ISPRM International Educational Committee and its members in providing me the necessary information in order for me to embark on this satisfying endeavor. I owe much gratitude to Dr. Mark Young who introduced me to Dr. Robert Weller from Australia. Dr. Weller provided me the addresses of Drs. Nguyen Xuan Nghien and Cao Minh Chau at Bach Mai Hospital in Hanoi Vietnam. Because of this invaluable network amongst PM&R professionals worldwide, I was able to secure a one month clerkship at Bach Mai Rehabilitative Center where they have inpatient and outpatient facilities for their patients. During my travels in Vietnam, I've also visited Cho Ray Hospital in Ho Chi Minh City where they have an outpatient facility and inpatient consultative services.

This experience has broadened my horizon and will serve me well as I begin my career in the field of physiatry. I hope that other health care professionals will have the opportunity to experience what I have seen so that we can better serve our patients worldwide.

MANAGEMENT OF CONGENITAL ATRAUMATIC INSTABILITY OF THE SHOULDER

By Anton Wicker

Univ. Clinic of Physical Medicine and Rehabilitation, Salzburg, Austria

Introduction

Congenital atraumatic shoulder instability is not a common condition. Voluntary dislocation of the shoulder were first analysed and described by Rowe, Pierce and Clarks (ROWE 1973). They noted that dislocation could be produced by suppression of one element of one of the muscle force couples responsible for the normal movement of the shoulder. They described the condition as a "voluntary dislocation of the shoulder" and stated that most patients responded well to muscle strengthening exercises. In a retrospective long term study, Huber and Gerber (HUBER 1994) reported the natural history of what they described as "voluntary habitual subluxation of the shoulder".

These patients fell into the category that Takwale, Calvert and Rattue (TAKWALE 2000) called "involuntary positional instability". They defined this as an instability caused by an abnormal unbalanced muscle action which is involuntary and ingrained. The head of the humerus dislocates every time the shoulder passes through a particular phase of movement. The condition is relatively uncommon and the etiology is often not apparent. The patients are all adolescents. Huber and Gerber found that the final outcome was favourable without any treatment. Takwale, Calvert and Rattue showed that involuntary instability of the shoulder causes symptoms which interfere with normal activities. These can be controlled by a treatment plan of retraining of the muscle pattern with functional benefit.

We treated our patients also with a special programme, which influenced the plan of muscle pattern training in closed chain kinetics with a functional benefit.

Patients and methods

We treated five patients with bilateral shoulder instabilities. The mean age was 15,5 years. After careful evaluation and analysing of abnormal muscle couples we began with the training programme. We had no acute phase (there was no swelling, no surgery, no trauma), so we had only two rehabilitation phases.

First phase was the recovery phase for the first three months: Regain independent scapula movements such as elevation, depression, protraction and retraction.

Closed chain kinetics:

- 90° flexion, scapula elevation
- 90° abduction, scapula elevation
- 90° flexion, scapula depression
- 90° abduction, scapula depression

Resistance technics initiated by the therapist:

- Scapula controlling
- Scapula stabilisation
- Scapular PNF patterns in diagonals
- Training on isokinetic machines



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Push ups
Trunk rotation exercises with balls and tubing
Plyometrics
Power and endurance training for the whole body

In this recovery phase the patients were treated three times a week for minimum one hour and were always controlled by a physician. The treatment had to be done without pain.

Second phase was the functional and stabilisation phase from the begin of the fourth to the end of the sixth month:

In this phase the exercises were nearly the same, but the intensity and the load were increased. The patients were controlled in the clinic by a physician every four weeks. The home programme was set up by the physician.

The patient had to work minimum three days per week for one hour on his programme. Every month the programme was adapted to the patient's situation.

After finishing our programme at the end of the sixth month the patients had to work their programme at home. They were controlled every year.

The principles of our treatment were:

1. Most of the training was done in closed chain kinetics
2. Main emphasis was laid on endurance and strength of the muscles
3. Elevation of the thoracic spine
4. Stabilisation of the trunk
5. Stabilisation training of the shoulder girdle and the trunk over a period of six months, three times weekly for one hour caused a decrease of symptoms in atraumatic shoulder instability and resulted in functional benefit.

Summary

Five young patients with bilateral atraumatic shoulder instability were diagnosed. The mean age was 15,5 years. After careful evaluation and analysis of abnormal muscle couples, a special training programme was developed. With our programme we could improve the strength of the external rotator muscles, decrease the imbalance between these external muscles and the internal rotators, the anterior part of the deltoid muscle and the latissimus dorsi muscle. We had also a benefit in strengthening the scapula control muscles. The treatment period was six months. In the first two months the patients were in the clinic for three days a week for one hour. Beginning with the third month to the end of the sixth month they got their special home programme and they were controlled every two weeks. This stabilisation training of the shoulder girdle and the trunk caused a decrease of symptoms in atraumatic shoulder instability and resulted in functional benefit.

References:

- ROWE, CR, PIERCE, DS, CLARKS, JG: Voluntary dislocation of the shoulder – a preliminary report on a clinical, electromyographic and psychiatric study of twenty-six patients. J Bone Joint Surg (Am) 1973; 55-A:445-59
- HUBER, H., GERBER, C.: Voluntary subluxation of the shoulder in children: a long term follow up study in 36 shoulders. J Bone Joint Surg (Br) 1994; 76-B:118-22
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NEW CHAPTER IN OUR NEWS & VIEWS - PUBLICATION OF ABSTRACTS FROM OUR ISPRM JOURNAL “DISABILITY AND REHABILITATION”,

By Nicolas Christodoulou, Chairman of the Journal and News & Views Committee

During the last meeting of the Boards of Governors in Antalya – October 2004, it was decided to try to be more connected with the editors of our official journal “Disability and Rehabilitation”. We asked their permission to publish in the “News & Views” of our Society, selected abstracts of the journal publications on monthly basis.

We are happy to inform you that the editor, Dr. Dave Muller, was very co-operative but there was some delay because of technical problems. This month we publish for first time the selected abstracts. Anybody from you, who receive the “News and Views” and find an abstract or many abstracts interesting, may apply to become subscriber of the journal or try to find the whole text of the publication interested in.

We hope that this Chapter will contribute to all those interested for research projects and the efforts of our colleagues all over the world to promote the knowledge in Physical and Rehabilitation Medicine. Any comments will be very well accepted.

For the journal “Disability and Rehabilitation”, a special annual subscription rate of 95 US dollars is available to all ISPRM Individual Members in good standing. D&R is published 24 times a year and from 2005 will be added 4 issues on assisting technology (quarterly).

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Pages: 156 - 163

DOI: 10.1080/09638280400008982

MEASUREMENT PROPERTIES OF THE ACTIVITIES-SPECIFIC BALANCE CONFIDENCE SCALE AMONG INDIVIDUALS WITH STROKE

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Purpose: To examine the reliability and validity of the Activities-specific Balance Confidence (ABC) Scale among individuals with stroke.

Method: Descriptive measurement study using a 4-week test-retest design. Data were collected at a tertiary rehabilitation centre from a community-dwelling sample of ambulatory older adults who sustained one stroke at least 1 year prior to the study. During the first measurement session, the total sample (n=77) completed the ABC as well as the Berg Balance Scale (BBS) and gait speed. The reliability sample (n=24), a subset of the larger data set, completed the ABC again 4 weeks later.

Results: Internal consistency of the ABC was 0.94 and test-retest reliability was ICC=0.85 (95% CI, 0.68, 0.93). A moderate significant positive, linear correlation with both the BBS (r=0.36, P<0.001) and gait speed (r=0.48, P<0.001) was observed. A factor analysis using principal component analysis indicated that the ABC measures two components of balance self-efficacy (component 1=perceived low-risk activities; component 2=perceived high-risk activities).

Conclusions: The ABC has acceptable measurement properties as demonstrated in this sample of individuals with stroke. This study provides further support for the use of the scale.



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DISABILITY FREE LIFE EXPECTANCY IN OLDER ITALIANS

Nadia Minicuci and Marianna Noale

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Purpose: To estimate Disability-Free Life Expectancy (DFLE) among a cohort of 3005 Italians aged 65?–?84 and evaluate geographical differences.

Method: Sullivan method was used to estimate DFLE based on the Performance Test (PPTs), Instrumental Activities of Daily Living (IADLs) and Activities of Daily Living (ADLs); furthermore, a hierarchical scale of disability was defined to evaluate the pattern of DFLE and geographical differences.

Results: Men aged 65?–?69 will live 67% of their remaining life free of PPTs disability, 77% free of IADLs and 83% free of ADLs disability. Women aged 65?–?69 will live 44, 63 and 76%, respectively. In the hierarchical structure, mild DFLE for subjects aged 65?–?69, was of 12.8 years for both sexes; moderate DFLE was of 13.4 and 14.2 years and severe DFLE was of 13.5 and 15.3 years, for men and women, respectively. People living in Central Italy are those with the highest number of years lived free of mild disability; people living in Northern Italy are instead those expected to live more years free of moderate and severe disability.

Conclusions: The hierarchical approach showed that women tend to live more years with some level of disability than men, although the moderate and severe disability occur almost simultaneously among men.

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LONG-TERM SURVIVAL FOLLOWING TRAUMATIC BRAIN INJURY

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Purpose. The study used a retrospective cohort design to establish long-term mortality rates and predictors of mortality for persons after moderate to severe traumatic brain injury (TBI).

Method. Consecutive records of persons with moderate to severe TBI who were discharged from a large rehabilitation hospital in Pittsburgh, Pennsylvania in the years 1974?–?1984, 1988 and 1989 were reviewed.

Results. Six hundred and forty-two eligible individuals were identified and mortality was ascertained up to 24 years post injury. One hundred and twenty-eight of these individuals were found to be deceased. Poisson regression analyses revealed at least a 2-fold increased risk for mortality compared to the general population. Pre-injury characteristics and levels of disability at discharge from in-patient rehabilitation were among the strongest predictors of mortality.

Conclusions. These data constitute evidence for premature death in the post-acute TBI population following a moderate to severe head injury and are discussed in relation to other research in the area.



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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 TAKING PLACE IN 2005

- 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
- **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
- **The 3rd International Conference on Bone and Mineral Research & 5th International Osteoporosis Symposium** May 23-27 2005; Xi'an, China, - Visit www.china-osteofound.org/en/
- **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
- **XXX Congresso Brasileiro de Medicina Fisica e Reabilitacao**, July 12-15 2006, Belo Horizonte, Brazil: visit www.rhodeseventos.com.br
- **Uniform Data System for Medical Rehabilitation (UDSMR)**, 17th Annual Buffalo Conference, August 4-5, 2005, The Buffalo Niagara Marriott, Buffalo, New York. Visit www.udsmr.org.
- **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
- **Australian and New Zealand Spinal Cord Society Congress**, 8-10 September 2005, Gold Coast, Surfers Paradise, Queensland, Australia. Visit www.anzscos2005.org.au
- **Triennial Meeting of the Int. Fed. Of Foot and Ankle Societies**, 14-18 September 2005, Naples, Italy, visit www.oic.it@iffax2005
- **4th ISPO Central and Eastern Europe Conference**, 22-24 September 2005, Belgrade, Serbia & Montenegro – information at 4.ISPOCEECEBELGRADE@eunet.yu



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- **130th Annual Meeting of the American Neurological Association**, September 25 - 28, 2005
San Diego, CA, USA, <http://www.aneuroa.org/annual.htm>
- **44th Annual Meeting of the Int Spinal Cord Society (ISCoS)**, 4-8 October 2005, Munich, Germany, visit www.iscos.org.uk
- **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, Philadelphia Marriott, 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 - 11, 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
- **Belgian Society of Physical Medicine and Rehabilitation**, 2-3 December 2005. Brussels, Auditorium KBC – Visit www.medicongress.com
- **New Zealand Rehabilitation Association Conference**, 17 to 19 November 2005, Auckland, New Zealand. Contact: samira@adhb.govt.nz

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
- **Stroke Rehab 2006 – Evidence for Stroke Rehabilitation – Bridges into the Future, April 26-28, 2006**, Goteburg, Sweden – contact@gunnar.grimby@rehab.gu.se or www.congres.se/stroke2006
- **14th Annual Meeting of the Australasian Faculty of Rehabilitation Medicine (AFRM)**, 2-5 May 2006, Cairns, Australia, visit: www.racp.edu.au/afrm
- **15th European Congress of Physical Medicine and Rehabilitation**, 16-20 May 2006, Madrid, Spain. Visit www.ecprm2006.com
- **XXXIV SIMFER National Congress**, Movement and autonomy: assessment and techniques. June 4 – 7, 2006, Florence, Italy – Main language Italian – Visit: www.simfer.it
- **35th Congress of the Int Society of Medical of Hydrology and Climatology – Rehabilitation in Spa's and Health Resorts**, 7-10 June 2006 in Istanbul, Turkey, visit www.ismh2006.com



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- **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
- **31st Annual Scientific Meeting of the American Spinal Injury Association (ASIA) and the International Spinal Cord Society (ISCoS)**, 25-28 June 2006, Boston, MA, USA. Visit www.asia-spinalinjury.org/annualmeeting
- **2nd European Knee Congress**, 13-16 September 2006, Brugge, Belgium, Visit www.medicongress.com
- **131st Annual Meeting of the American Neurological Association**, 08- 11 October, 2006, Chicago, IL, USA, <http://www.aneuroa.org/annual.htm>
- **5th Int. Congress on Spondyloarthropathies**, 12-14 October 2006, Gent, Belgium, Visit www.medicongress.com
- **6th Mediterranean Congress of PM&R**, 18-22 October 2006, Vilamoura, Portugal. Visit www.the.pt
- **68th Annual Assembly of the AAPMR**, 9-12 November 2006, Honolulu, Hawaii, USA – www.aapmr.org
- **4th International Congress of the Cuban Physical Medicine and Rehabilitation Society**, March 26-30, 2007, Havana, Cuba - visit www.sld.cu/sitios/rehabilitation or contact jorge.martin@infomed.sld.cu
- **12th World Congress of the International Society for Prosthetics and Orthotics**, July 29 - August 3, 2007, Vancouver, Canada. Visit: www.ispo.ca/congress
- **9th Congress of European Federation for Research in Rehabilitation (EFRR)** , 27 to 31 August 2007, Budapest, Hungary - Theme: "Partnership in rehabilitation research"- Contact: Prof. Lajos Kullmann, l.kullmann@rehabint.hu
- **7th Mediterranean Congress of Physical and Rehabilitation Medicine**, 18 - 21 September 2008, Portorose, Slovenia Contact: Prof. Crt Marinček marincek.crt@mail.ir-rs.si
- **69th Annual Assembly of the AAPMR**, 27-30 September 2007, Boston, USA – www.aapmr.org
- **Eurospine 2007**, 2-5 October 2007, Brussels, Belgium, Heizel Congress Center – Visit: www.medicongress.com
- **European Congress on Physical Medicine & Rehabilitation**, 4-7 June 2008, Brugge Belgium, Old St John's Hospital Congress Centre. Visit www.medicongress.com
- **7th Mediterranean Congress of Physical and Rehabilitation Medicine**, 18 - 21 September 2008, Portorose, Slovenia Contact: Prof. Crt Marinček marincek.crt@mail.ir-rs.si
- **70th Annual Assembly of the AAPMR**, 20-23 November 2008, San Diego, USA – www.aapmr.org
- **AMLAR 2008**, November 2008, Punta Del Este, Uruguay – www.surmedfi.org.uy



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.