



INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – JULY/AUGUST 2005

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NEWS FROM WHO

By Gerold Stucki, ISPRM liaison officer at WHO

The following mail by Dr. Etienne Krug from WHO refers to a landmark event for our speciality. As mentioned, there have been few additions during this years World Health Assembly during which I was in Geneva and had close contact with Dr. Federico Montero and Dr. Etienne Krug.

Most importantly, the following sentence relevant for our specialty was added based on an intervention in cooperation with Sweden for the Nordic countries and based on an intervention from Germany:

"Recalling the International Classification of Functioning, Disability, and Health (ICF) officially endorsed at the Fifty-fourth World Health Assembly in 2001;

As pointed out by Dr. Krug, WHO is now starting the process towards a world report on disability and rehabilitation. As liaison officer for WHO I have already been present at a first consultation regarding the report and ISPRM will be an important partner for this endeavour.

With kind regards,
Gerold Stucki

FW: World Health Assembly Resolution 58.23

Dear Colleagues,

I am very pleased to inform you that the 58th World Health Assembly, adopted Resolution 58.23: "Disability, including prevention, management and rehabilitation". This is a historic event (since the last WHA resolution on this topic dated from the early 90ies) that should help boost the activities in this field. You can find the full text of the Resolution at http://www.who.int/gb/ebwha/pdf_files/WHA58/WHA58_23-en.pdf

Most of you were already aware of the draft Resolution adopted by the WHO Executive Board in May 2004. As it usually occurs during WHA discussions some amendments were made to the text by some of the Member States. It is important to point out that all the major issues contained in the previous version, still remain and often have been detailed further. What is important also is that many governments spoke during the discussion and expressed support for the ideas included in the Resolution.

Your support will be fundamental to achieve the tasks requested to WHO by its Member States. We look forward to working with you on the implementation of the Resolution, which is undoubtedly a strong platform to help improve the quality of live of many persons with disabilities in the world.

Etienne Krug



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PM&R IN ETHIOPIA

By Marieke Boersma, Physiotherapist Gondar, Amhara, Ethiopia and ISPRM Member

It is almost three ago since I exchanged my life in the Netherlands for a life in Ethiopia. These years I have been working on the development of physiotherapy and Community Based Rehabilitation (CBR) in Gondar, North Ethiopia. The first two years of my work here were focused on the development of physiotherapy and especially the first degree program for physiotherapy in Ethiopia. This involved writing a curriculum, setting up a department in the hospital and rural clinics plus training physiotherapy assistants on the job and investigating the existing rehabilitation structure. After two years of working as a VSO volunteer at the University of Gondar with only one colleague we both decided that it was time to hand over our work to new people who would have new energy.

However, I was not done with Ethiopia. In the two years my enthusiasm grew for working in the community. Physiotherapy in a hospital setting is not enough for many people with a disability; the distance to the hospital, the obligations at the farm, the difficulty to relate the home situation to the rehabilitation environment, other issues that influence the situation such as education, social stigma and livelihood are not solved by physiotherapy alone.

In collaboration with Light for the World (Austria) we started a Community Based Rehabilitation Program. The program runs now in 6 Kebeles¹ in North Gondar two in the city of Gondar and four in the rural villages. Working in the community introduced me to a whole new part of Ethiopia. I knew Ethiopia was a poor country yet I did not realize the poverty some people endure. One of the children we work with has been in and around her bed for 8 of the ten years she is alive. She probably had TB and was never treated for it. Now she is a weak child with contractures in different limbs, she does not go to school or develop like other children.

It was hard to decide where to start because there were so many issues to address. At the moment we are focusing on giving proper care and follow up for children who have clubfeet (although we don't have a orthopedic workshop to support us) We are holding discussion with parents of children with hydrocephalus only a lucky few people have access to shunt operations. There are many women who suffer from fistulas after obstructed labor; children become disabled due to obstructed labor or unsafe and unsuccessful abortions. There is so much to do that the biggest difficulty is to choose and prioritize.

The CBR program is a service program but is also used to train the physiotherapy students. The University aims to produce graduates who are equally willing to work in urban and rural area. As in many developing countries there is a lot of resistance from the students to work in the rural areas. The most common complaints are that it requires travel through the dust, people are uneducated and "they don't listen to us". After a month's in placement with the CBR program the students managed to listen to the people in the community and contribute to their rehabilitation, they all saw the need and were enthusiastic about the time they spent with the community they were in.

Next year the first 80 physiotherapists will graduate. This will be the start of a new and exiting period in Ethiopia as the new graduates face a challenge in developing rehabilitation in Ethiopia. They will have to educate their patients, the medical field and convince the Ethiopian community that just as important as saving lives is rehabilitation and adding quality to life.

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1 A kebele is the smallest administrative unit in Ethiopia.



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TEACHING REHABILITATION IN A DEVELOPING COUNTRY USING GROUP CASE PRESENTATIONS

By Lefkos Aftonomos, MD and Forrest Malakoff, MSW

INTRODUCTION

In the United States, physical rehabilitation is a well-developed concept and the specialty of Physical Medicine and Rehabilitation is widely recognized. The process of rehabilitation relies on teams of highly trained clinicians and frequently, intensive interventions, often-expensive procedures and pharmaceuticals. These resources are typically readily available.

This western model is often not applicable in developing countries, yet rehabilitation needs and the goal of functional independence remain just as important. We report here our experience in providing relevant rehabilitation education in the context of limited local resources using a group teaching/case presentation approach.

BACKGROUND

With the support of a local philanthropic organization (Philos Health, San Francisco, CA), the opportunity arose to offer physical rehabilitation services during a one-day visit to the Philippine town of Jagna. Jagna, population 30,000, comprises 33 barangay (villages) and is located in the province of Bohol, an island with a population of approximately one million. Local medical services, supported by both municipal and provincial funding, include a 25 bed hospital and outpatient clinics situated throughout the various barangay. Care is delivered by physicians, nurses, and midwives. The local language is Boholano, though medical practitioners generally have a basic proficiency in English.

With the exception of a school for the deaf, organized adult or pediatric rehabilitation services do not exist. Similarly, availability of related specialties such as Neurology, Neurosurgery, Orthopedics and Rheumatology is limited, as are pharmaceuticals, advanced imaging facilities, prosthetic/orthotic services and rehabilitative therapies. These services, physiatrists and the nearest rehabilitation facilities are located in the city of Cebu, a 4-hour journey from Jagna.

CHOOSING A TEACHING APPROACH

Many models exist for providing medical resources to developing countries. Our challenge was to maximize the productivity and impact of a brief visit, given limited local resources and lacking detailed advance knowledge of our target audience's rehabilitation experience. It was clear that direct patient treatment would be of little value, both with respect to the number of patients that could be seen in one day and also in terms of having a lasting benefit.

With its emphasis on chronic disease management, rehabilitation lends itself particularly well to an educational approach. Discussions with various international rehabilitation agencies and clinicians suggested that our efforts should focus on basic concepts and skills. i.e. the philosophy of rehabilitation, functional assessment, the relationship between impairment and disability.^{1,2}

A review of medical education literature, however, provided us with little guidance in formulating a plan specific to our needs. Initially, we considered a daylong didactic program. Though a standard method in medical education, there are inherent limitations to lecture type presentations.³ Most notably, this method may not be sensitive to the relevance and applicability of lecture material to the daily realities of local health care workers, to their varied levels of training or to the local cultural context.⁴

We then considered case presentations and group teaching, the efficacy of which has been well documented.⁵ Case method learning has been shown effective in changing the behavior of general practitioners in a short period of time.⁶ Case presentations resulted in at least as much long term retention of cognitive information as lecture presentation.^{7,8} A time constrained, didactic and small group exercise program, designed for teaching dental students, resulted in statistically significant clinical knowledge increases.⁹ Feedback and the opportunity to formulate a treatment plan during a case presentation was interpreted by medical students as evidence of "high quality teaching".¹⁰



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Given the consensus in the medical education literature, personal communications and our time constraints, we devised a hybrid model combining an initial brief didactic session followed by a structured examination of patients by small groups of clinicians with case presentations to the entire audience. The introductory lecture served to establish a rehabilitation knowledge base and subsequent activities took advantage of the educational benefits of group instruction and case presentations. In particular, the case presentations served two important functions. First, they gave participating clinicians an opportunity to incorporate newly acquired information and concepts into treatment plans applicable to their own circumstances. Secondly, by carefully listening to presenters and observing group reactions, the authors were able to calibrate the ongoing discussion according to the level of understanding demonstrated by the audience.

THE PROCESS

Essential to the program's success was collaboration with local authorities, whose support lent credibility to the project and who also arranged for recruiting patient volunteers, obtaining their consent for program participation and inviting clinicians. The audience, of approximately sixty, included physicians, midwives, nurses and interested government officials from neighboring districts. Approximately 30 patients were used as teaching models. The patients, all with chronic disabilities, were typically accompanied by family members who were also their caretakers.

The conference was scheduled as an all day program and opened with an hour-long lecture to introduce basic rehabilitation principles. The WHO ICF, functional assessment, barriers to independence and identification of social supports were discussed in the context of the overall patient evaluation.¹¹ A review of the functional impact of common medical conditions and cultural attitudes towards disability as potential obstacles to the rehabilitation process concluded the presentation.

Following the lecture, the audience was divided into groups consisting of 4-6 clinicians. An effort was made to distribute individuals of various backgrounds evenly among the groups. Each group was assigned 2-3 patients having similar disabilities. The clinician groups interviewed their patients (and accompanying caretakers) and performed assessments following a written outline that reiterated the initial lecture. Each clinician group then developed a treatment plan with emphasis on using locally available resources. The authors moved between groups, guiding and facilitating the process.

The second half of the day was devoted to presentation of the patient assessments to the entire audience, typically by a single spokesperson from each group. The cases presented raised a variety of topics, ranging from very general rehabilitation concepts, such as encouraging independence, to the application of specific therapeutic techniques. The authors served as moderators, highlighted salient rehabilitation issues exemplified by particular cases and used the opportunity to engage participants in further discussion and interaction.

RESULTS

Comments were obtained from participants at the conclusion of the meeting and the mayor's office provided unsolicited feedback. Overall, the experience stimulated awareness and interest in rehabilitation. This method was preferred over more abstract or theoretical approaches and it was generally agreed that the program provided new concepts, practical information, useful techniques applicable to daily patient care and the opportunity for peer interaction.

Of interest, the patients expressed disappointment at not being actually treated. Though the original invitation clearly explained that they would serve as teaching models, it became apparent that the hope for treatment remained. Obviously more efforts at clarifying the expectations of the patient role could have been made.

Expenses for this program were modest. The sponsoring foundation supplied travel and lodging for the authors, lunch and refreshments for clinicians and patients during the conference, and patient transportation to and from the meeting site. The town's expenses related primarily to providing a venue for the conference and administrative staff time in making local arrangements.

CONCLUSION

We describe a simple, inexpensive approach of applying established teaching techniques for providing relevant, basic medical education in a medically underserved region. By combining lecture, group patient examination and case presentations, the model encouraged peer interaction, provided a supportive environment for learning and permitted adaptation of educational content to existing health care resources and diverse clinician backgrounds. While we were specifically interested in rehabilitation education, this approach could be easily modified and adapted for a wide range of medical topics and audience makeup.



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FIRST GERMAN-ITALIAN MEETING OF THE SOCIETIES OF PHYSICAL AND REHABILITATION MEDICINE (DGPMR – ÖGPMR – SIMFER) IN BOLZANO/ITALY

Christoph Gutenbrunner, Vice-president for Europe of the ISPRM

With support of the ISPRM in Bozen/Italy a multinational regional meeting took place from June 24th to 25th, 2005. The Meeting was the first joint meeting of the Italian and German Societies for Physical medicine and Rehabilitation jointly with the Austrian society. The meeting was very successful and had more participants than expected (more than 80). The presentations on the one hand aimed at the medical education in the field of PRM. On the other hand a close cooperation of the three societies was aimed at.

The topics were

- guidelines for rehabilitation of low back pain
- gait analysis and training
- the application of the ICF in rehabilitation medicine
- education and training in the field
- the scientific cooperation between the countries, and
- the legal basis of rehabilitation

In addition to the plenary sessions with invited speakers from all participating countries, the application of the ICF in rehabilitation medicine, the scientific cooperation and the exchange of candidates in PRM were discussed in workshops, too. The workshops resulted in concrete projects, e.g.

- a reciprocal reprint of the scientific abstracts of the journals „Europa Medicophysica“ and „Physikalische Medizin, Rehabilitationsmedizin, Kurortmedizin“
- a joint project for the definition of impact factors in our field
- a working group for the exchange of candidates between the countries, and
- an ICF application project

Dr. Claudio Corradini organized the meeting in an excellent way. The presidents of the participation societies Professor Alessandro Giustini, Professor Gerold Stucki and Professor Anton Wicker as well as the vice-president for Europe of the ISPRM, Professor Christoph Gutenbrunner, agreed to continue this kind of meetings as a series of transalpine PRM-meetings. They should provide postgraduate medical education in PRM on a high level and workshops for joint projects. All topics and workshops should take place with participation of invited experts of all participation countries. Original papers or posters will not be accepted. For that reason the meetings do not compete with the scientific congresses in our field.



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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** http://www.internationalstroke.org/s_content.php?id=fb2002-03-04-1020
- Congresses on **Neurology** http://www.eurostroke.org/esc_main%20links.htm
- Congresses on **PM&R** <http://www.prm-calendar.org/Default.aspx>

CONGRESSES TAKING PLACE IN 2005

- **11th World Congress on Pain** (IASP), 21-26 August 2005, Sydney, Australia – www.iasp-pain.org
- **7th Mid Year Convention of the Philippine Academy of Rehabilitation Medicine**, September 2, 2005, Westin Philippine Plaza, Manila Philippines. Visit: parm_ph@yahoo.com
- **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
- **130th Annual Meeting of the American Neurological Association**, September 25 - 28, 2005 San Diego, CA, USA, <http://www.aneuroa.org/annual.htm>
- **Annual Congress of the Swiss Societies of Physical and Rehabilitation Medicine and Rheumatology**. 29 & 30 September, Davos, Switzerland – visit www.rheuma-net.ch
- **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



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- **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

- **34th Annual Conference of the Indian Association of Physical Medicine and Rehabilitation**, 20-22 January 2006, Mumbai, India. Contact vamaevents@yahoo.co.in
- **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
- **42nd Annual AAP Educational Conference of the Association of Academic Physiatrists**, 28 February - 4 March 2006, New Orleans, LA, USA – visit www.physiatry.org
- **17th National Congress with international participation: Pain in Rehabilitation Medicine**, 17 & 18 March 2006, Ljubljana, Slovenia – Contact marincek.crt@mail.ir-rs.si
- **26th Annual Scientific Meeting of the Australian Pain Society**, 9-12 April 2006, Grand Hyatt Hotel, Melbourne, Australia – visit www.apsoc.org.au
- **Stroke Rehab 2006 – Evidence for Stroke Rehabilitation – Bridges into the Future**, April 26-28, 2006, Goteburg, Sweden – contactgunnar.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
- **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
- **XXX Congresso Brasileiro de Medicina Fisica e Reabilitacao**, July 12-15 2006, Belo Horizonte, Brazil: visit www.rhodeseventos.com.br



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- **9th Congress of the European Federation for Research in Rehabilitation - EFRR**, 27-31 August, 2006, Budapest, Hungary. Contact l.kullmann@rehabint.hu
- **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, Marina Hotel, Vilamoura, Portugal. Visit www.the.pt
- **22th, Congress of the Latin-American Medical Association**, November 8-12, 2006, Veracruz, Mexico, contact jmguzman@avantel.net
- **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
- **69th Annual Assembly of the AAPMR**, 27-30 September 2007, Boston, USA – visit www.aapmr.org
- **Eurospine 2007**, 2-5 October 2007, Brussels, Belgium, Heizel Congress Center – visit: www.medicongress.com
- **Annual Congress 2007 SOFMER (French Society on PM&R)**, 4-6 October 2007, Rennes- St Malo, France – contact gdekorvin@cpa-sante.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 Marincek 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

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

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