



INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – FEBRUARY 2009

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NEW

FREE ELECTRONIC ACCESS FOR ISPRM MEMBERS TO THE DISABILITY AND REHABILITATION JOURNALS

Disability & Rehabilitation and Disability & Rehabilitation: Assistive Technology are published by Informa Healthcare USA.

Within a few weeks, full online access to these journals can be accessed through the ISPRM member-only area of the ISPRM website.

For more information about either of these journals please contact the Managing Editor, Sally Howells (sally.howells@informa.com).

MARK YOUR AGENDA

ISPRM BOARD OF GOVERNORS MEETING 2009

We kindly inform that the ISPRM Board of Governors Meeting 2009 will be organized on Saturday, June 13 to the occasion of our ISPRM World Congress in Istanbul.

Exact location and agenda will follow soon.

MEMBERSHIP RENEWAL

**WE KINDLY ENCOURAGE ALL ISPRM
MEMBERS TO RENEW THEIR MEMBERSHIP
BEFORE FEBRUARY 28, 2009**

**Membership renewal is mandatory for having free
access to the members only section of the website,
the electronic versions of the official ISPRM
journals and make profit of the reduced fees for
several congresses like the ISPRM World Congress
in Istanbul and the AAPM&R Meeting in Austin.**



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THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – FEBRUARY 2009

THE 5TH WORLD CONGRESS OF THE ISPRM IN ISTANBUL

Onder Kayhan, Chairman of the 5th World Congress of the ISPRM

Dear Colleagues;

We kindly inform you that the scientific program of the 5th World Congress of the International Society of Physical and Rehabilitation Medicine is just about to be finalized.

ISPRM 2009 is expected to host more than 2500 delegates from all around the world. As usual, it will be a great chance to meet colleagues and experts, renew the friendships that have been formed at previous congresses and update the relevant research data along with the clinical applications.

The Organizing Committee also cordially invites you to submit your abstracts to the 5th World Congress of the ISPRM to be held in Istanbul, Turkey, 13-17 June, 2009. Please note that the deadline for Abstract Submission is extended to February 28, 2009, due to popular demand. You may submit your abstract via www.isprm2009.org

We are also pleased to announce that we have a discount in our hotel prices. The PCO is negotiating with the hotels constantly and we kindly advise you to check our web site regularly for new discounts.

We are looking forward to welcoming you in Istanbul and making ISPRM 2009 a successful and memorable meeting.

Best Regards,

Onder Kayhan, Chairman of the 5th World Congress of the ISPRM

NEW!! COME EARLY TO TURKEY!

THE FIRST WORLD CONFERENCE ON MEDICAL REHABILITATION IN RURAL AND DEVELOPING REGIONS, JUNE 9-11, 2009

Andrew J. Haig, M.D., President, International Rehabilitation Forum

Over 95% of people in developing regions receive no rehabilitation services, according to the WHO. We have long believed that a key reason for this failure is the lack of medical leadership-Physical and Rehabilitation Medicine-in these regions. PRM physicians who work in these regions, along with PRM physicians who work with disaster relief organizations, international aid organizations, and medical volunteer groups, are encouraged to attend this very first conference.

The meeting will have presentations, but will focus extensively on building policy, finding ways to share scientific and clinical methods, and advocating for this special populations. A highlight will be formal presentation of "The White Book on PRM in Africa and Antarctica", an ironic review of the dire status of PRM in Africa that will be published simultaneously in 5 PRM journals around the world around the time of the meeting.

Co-sponsored by the ISPRM and the International Rehabilitation Forum, and proudly supported by Erciyes University, the meeting will occur in Kayseri, near the beautiful Turkish region called Cappadocia just a few days before the main ISPRM meeting in Istanbul. Hotels and the conference are inexpensive, with special prices for ISPRM members, students, and those who come from developing countries.

ISPRM CENTRAL OFFICE: WERNER VAN CLEEMPUTTE, EXECUTIVE DIRECTOR www.isprm.org

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INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – FEBRUARY 2009

PRM physicians who care for the poorer and more isolated regions often do not attend international meetings. So ISPRM leaders from each region are encouraged to identify these people, and provide support and encouragement for them to attend this important meeting. Those who volunteer from industrial regions and students interested in volunteer work will also find great value in the meeting.

For information and registration, check www.rehabforum.org or contact: Andrew J. Haig, M.D., President, International Rehabilitation Forum, Professor, Physical Medicine and Rehabilitation, The University of Michigan.
andyhaig@umich.edu

UPCOMING AMERICAN ACADEMY MEETING IN AUSTIN, TEXAS IS OFFERING REDUCED REGISTRATION FEES FOR ISPRM MEMBERS

The Academy officers have decided to offer a discount to ISPRM members to attend our October meeting in Austin Texas at the Academy member reduced price.

Submit Your Research for the 2009 AAPM&R Annual Assembly: Call for Abstracts

The Academy invites submissions for clinical and basic science research findings to be considered for inclusion in its upcoming Annual Assembly. The AAPM&R 70th Annual Assembly is October 22-25, 2009, at the Austin Convention Center in Austin, Texas. All application materials must be completed by **March 9, 2009, 5 pm CST**. AAPM&R only accepts abstract submissions online.

Visit www.aapmr.org/assembly/abstract.htm to learn more about the submission process and to access the submission Web site. All authors must log on to the submission site, create a login and password and complete disclosure forms prior to submission. Please read the policies and guidelines carefully before beginning the process. Follow each of the steps carefully to submit your abstracts.

International submissions: New this year, the AAPM&R Program Planning Committee will recognize all international abstracts with a prominent designation in the poster hall. All international submissions will be peer reviewed like all other abstracts. ISPRM members are eligible to register at the AAPM&R member rates for the 2009 Annual Assembly. If you need technical assistance during this process, technical support will be available at 434-817-2040 ext. 406 or via e-mail at acsupport@scholarone.com.

FRENCH SOCIETY - SOCIETE FRANÇAISE DE MEDECINE PHYSIQUE ET DE READAPTATION (SOFMER) JOINS THE ISPRM

It is with a real pleasure that the leadership of the ISPRM welcomes the French Society on PM&R – SOFMER as a member of the ISPRM. SOFMER is already for years one of the leading societies in our specialty in Europe.

The French society has chosen for combined membership which results in the fact that all members of the SOFMER also become individual members of the ISPRM with all benefits included. We look forward to a fruitful collaboration with the SOFMER and all its members in future.



INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – FEBRUARY 2009

REPORT OF THE ISPRM EDUCATION COMMITTEE, DECEMBER 27TH 2008. PART 2.

WORLD ACTION PLAN ON INITIAL EDUCATION IN PRM (WAPIE.PRM)

Marta Imamura MD PhD, Chair

The current activities of the "World Action Plan for Initial Education" (WAPIE.PRM) are:

Perform a survey to identify all existing Physical and Rehabilitation Medicine programs offered at medical schools, residency or postgraduate teaching and training programs. The final goal will be to create an undergraduate and postgraduate minimum curricula endorsed by ISPRM that could be used in an international level. Prof. Gutenbrunner will discuss PRM in undergraduate education - basic principles and the Hanover model and The White Book on PRM in Europe - implications for postgraduate training. For 2008, the education committee was charged to produce the minimum curriculum for **acquired brain injury – ABI** and **spinal cord injury - SCI** to be used during the residency program. All members of the education committee were asked to submit the curriculum used in their countries, or at a regional level. The committee received the curriculum on the two topics from:

- Australia: by Andrew Cole on July 8th 2008
- USA: by Gerard Francisco on May 10th 2008, by Bryan O'Young on August 28th 2008, Henry Lew on October 25th 2008
- Seoul: by Seong Woong Kang on October 16th 2008
- Europe: by Gunes Yavuzer on December 4th 2008
- China: by Xiaojie Li on December 5th 2008
- Japan: Masami Akai on December 22nd 2008
- Iran: by Farzan Torkan on December 27th 2008

Other well recognized PRM specialists sent the curriculum used at their Departments:

- Christina Moran de Britto (Residency Program Coordinator, University of São Paulo School of Medicine, São Paulo, Brazil).
- Ralph Buschbacher (Director of the Dep. of Physical Medicine and Rehabilitation of the University of Indiana, USA) on June 10th 2008
- Andrea Furlan (Toronto Rehabilitation Institute, Member of the Editorial Board of the Cochrane Back Review Group) on December 4th 2008
- Michael Y Lee (Professor and Chair, Residency Program Director and Medical Director of the Department of Physical Medicine and Rehabilitation of the University North Carolina School of Medicine – CH, USA) on December 11th 2008.

Most curriculums outline the general concepts and topics that should be covered during the acquired brain injury and spinal cord injury rotations (USA, Brazil, China, Korea, Japan, and Iran). The most detailed and comprehensive curriculum is described by the Australasian Faculty of Rehabilitation Medicine – Spinal Injury & TBI Modules in terms of tasks, knowledge and suggested learning resources. The curriculum used in the University of Toronto and in the United States also addresses skills and attitudes that should be obtained after the completion of both programs. The curriculum submitted by Prof. Michael Lee suggests the duration of 4 months for the SCI program.

Drafts of the minimum curriculum on acquired brain injury (appendix 1) and spinal cord injury (appendix 2) are available and the ISPRM Education Committee welcomes suggestions and feedback from all ISPRM members.

See below articles.

Please, contact Marta Imamura at martaimf@gmail.com or Werner van Cleemputte at the Central Office.



INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – FEBRUARY 2009

THE FOLLOWING DOCUMENT IS A DRAFT VERSION - THE ISPRM EDUCATION COMMITTEE WELCOMES SUGGESTIONS AND FEEDBACK FROM ALL ISPRM MEMBERS.

Please, contact Marta Imamura at martaimf@gmail.com or Werner van Cleemputte at the Central Office.

APPENDIX 1: ISPRM EDUCATION COMMITTEE MINIMUM CURRICULUM FOR RESIDENCY PROGRAM - ACQUIRED BRAIN INJURY (ABI)

APPENDIX 2 ON SPINAL CORD INJURY (SCI) WILL BE PUBLISHED IN THE MARCH ISSUE OF THE N&V

Competence: The ability to evaluate and manage impairment and disability related to traumatic brain injury

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

- Perform comprehensive patient assessment to identify impairments, disabilities and handicaps resulting from ABI
- 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 ABI

Knowledge:

- Relevant neuroanatomy and neurophysiology of the central nervous system:
 - ◆ the lobes of the brain
 - ◆ brainstem
 - ◆ cerebellar nuclei
 - ◆ cerebrospinal fluid dynamics
- Pathophysiology of ABI
 - ◆ primary traumatic brain damage
 - ◆ secondary brain damage
 - ◆ focal injury
 - ◆ diffuse axonal injury
 - ◆ intra-cerebral hemorrhage
 - ◆ encephalitis
- Epidemiology of ABI
 - ◆ etiology: traumatic, motor vehicle accidents, assault, falls, others
 - ◆ incidence
 - ◆ mortality and morbidity
 - ◆ costs
 - ◆ long-term outcomes
- Neurological evaluation: understand the significance of the following clinical observations in the management and outcome of TBI
 - ◆ Glasgow Coma Scale (GCS)
 - ◆ duration of coma
 - ◆ intracranial pressure (ICP)
 - ◆ brainstem signs (pupillary reflexes)
 - ◆ autonomic disturbances
 - ◆ post-traumatic amnesia



INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – FEBRUARY 2009

- Post traumatic amnesia
 - ◆ definition and methods of measurement
 - ◆ significance with regard to rehabilitation management and outcome
 - ◆ clinical management
- Dysfunction related to TBI
 - ◆ physical
 - weakness, incoordination, spasticity, contractures
 - balance and gait
 - sensory impairment
 - cranial nerve lesions
 - swallowing and nutrition
 - bowel and bladder
 - ◆ cognitive
 - arousal
 - attention
 - memory
 - learning
 - executive function
 - perception, praxis
 - language and communication
 - ◆ behavior
 - disinhibition
 - adynamia and inertia
 - aggression
 - psychosis
 - ◆ integrative functions
 - mobility
 - self-care
 - domestic/community activities daily living (ADLs)
 - sexuality
 - leisure
 - vocational
 - ◆ effects on family system
- Rational use of clinical diagnostic assessment tools
 - ◆ Blood tests
 - ◆ Skull x-rays
 - ◆ CT scan
 - ◆ Magnetic resonance imaging
 - ◆ Single photon emitted computed tomography
 - ◆ Somatosensory evoked potentials
- Recognition of minor brain injury
 - ◆ recognition
 - ◆ diagnosis and management of “post-concussive syndrome”
- Outline intensive care unit strategies for acute management of traumatic brain injury (TBI)
 - ◆ principles of early retrieval and the difficulty of retrieval from rural areas
 - ◆ acute monitoring, including cerebral perfusion and jugular venous SaO₂
 - ◆ the role of diagnostic investigations in management and prognosis: CT, MRI, EEG
 - ◆ ventilatory support
 - ◆ intracranial pressure monitoring
 - ◆ role of pharmacotherapy including prophylactic anti-convulsants
 - ◆ surgical interventions including indications for ICP monitoring and craniotomy



INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – FEBRUARY 2009

- Understand the mechanisms of functional recovery
 - ◆ resolution of temporary factors: cerebral edema, focal haematoma, hypoxia, raised intra-cranial pressure
 - ◆ modification of neural connection and synaptic function, redundancy and functional substitution
- Management of common medical complications associated with TBI
 - ◆ autonomic dysfunction syndrome
 - ◆ post traumatic epilepsy
 - ◆ dysphagia
 - ◆ hypertonicity and movement disorders
 - ◆ post traumatic hydrocephalus and V-P shunting
 - ◆ heterotopic ossification
 - ◆ visual disturbances
 - ◆ central hypertension
 - ◆ SIADH / diabetes insipidus / pituitary dysfunction
 - ◆ aspiration pneumonia
 - ◆ deep vein thrombosis
- Assessment of rehabilitation potential following ABI:
 - ◆ pre-injury factors: age, psychosocial status, intellectual function, drug and alcohol use
 - ◆ injury factors:
 - location and severity of injury
 - other significant injuries
 - ◆ post-injury factors: duration of coma and PTA, raised intra-cranial pressure, hypoxia, hypotension
- Overview of neuropsychological assessment
- Assessment and management of disability resulting from ABI
 - ◆ consistent team approach and roles of members of a typical ABI rehabilitation team
 - ◆ comatose and minimally responsive patients
 - diagnosis and prognosis of coma, persistent vegetative state, locked-in state and brain death: ethical and legal issues pertaining to medical care and life support
 - tracheostomy care
 - swallowing and nutrition
 - gastrostomy care
 - bowel and bladder function
 - maintenance of skin, muscle length and joints
 - assessment of neurological recovery
 - role of sensory stimulation programs
 - ◆ neuropsychological evaluation, psychometric testing and cognitive remediation
 - ◆ behavioral disorders, including aggression, and principles of behavioral management
 - ◆ the use of pharmacotherapy in the management of
 - coma
 - cognitive impairment
 - emotional and behavioral disturbance
 - ◆ mobility and balance including the prescription of orthotics and walking aids
 - ◆ psychiatric and psychological disorders including mood/emotional disturbances
 - ◆ communication disorders
 - ◆ family functioning and adjustment
 - ◆ interpersonal relationships
 - ◆ substance and alcohol abuse
- Understand the approaches employed to achieve community reintegration after ABI
 - ◆ interdisciplinary discharge planning
 - ◆ case management
 - ◆ retraining domestic and community activities of daily living
 - ◆ leisure activities
 - ◆ fitness for driving and driver re-training



INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – FEBRUARY 2009

- ◆ vocational rehabilitation
- ◆ family/social education and adjustment
- ◆ practical issues pertaining to:
 - accommodation
 - guardianship and financial management
 - attendant care
 - community support services
- Outcome measures of impairment, disability and handicap following TBI
 - ◆ global measures e.g.
 - Glasgow Outcome Scale
 - FIM
 - Rappaport Disability Rating Scale
 - Ranchos Los Amigos Scale
 - SF 36
 - ◆ specific measures of cognitive, behavioral and affective disturbance, including
 - WAIS
 - Wechsler Memory Scale
 - COWAT
 - Complex Figure of Rey
 - Beck Depression Inventory
 - Agitated Behavior Scale
- Long-term outcome following TBI, especially the impact of TBI on
 - ◆ vocation and employment
 - ◆ interpersonal relationships
 - ◆ leisure and recreational activities
- Bioethical issues that arise after ABI
- Medico legal assessment and reporting
 - ◆ nature and degree of disability resulting from ABI
 - ◆ patient's future needs with regard to medical and rehabilitation management, attendant care, housing, assistive devices and life expectancy

Skills:

- Gather the data necessary for diagnosis and treatment of a patient with an acquired brain injury.
- Perform a relevant physical examination with special emphasis on the mental status and neurological examination.
- Perform diagnostic and therapeutic procedures as required such as intra articular injection, botulinum toxin injection, catheterization of the bladder and debridement of wounds.
- Formulate a comprehensive medical, functional and psychosocial problem list outlining an appropriate plan of management and outlining the impairments, disabilities and handicaps of the patient.
- Write reports with a clear diagnosis and plan.
- Prepare and maintain complete and informative clinical records including consultation reports and medico legal reports.
- Write prescriptions for equipment, exercise, modalities and outpatient therapy.
- Assume a leadership role in the rehabilitation team and effectively lead team and family conference.
- Communicate and work effectively with patients, their families, members of the rehabilitation team and referring physicians.
- Educate effectively other diverse individuals in the consequences of brain injury.
- Set appropriate quantifiable rehabilitation goals through collaboration with all concerned particularly the patient.
- Apply bioethics principles in clinical practice.
- Accurately assess own professional and personal strengths and weaknesses as relates to this field of acquired brain injury.



INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – FEBRUARY 2009

Attitudes:

- Demonstrate the desire to reduce handicap caused by brain injury, related cognitive and behavior changes.
- A non-judgmental, supportive approach to antisocial behavior caused by brain injury
- A special sensitivity to the effects of brain injury, related changes on the patient's family and social system.
- Willingness to work in transdisciplinary rehabilitation teams.

Clinical Responsibilities:

- Day-to-day management of head injury patients
- Attendance at weekly team meeting progress rounds.
- Attendance at head injury consults.
- Attendance at head injury outpatient clinic.

Suggested duration for ABI program: 4 months

Suggested Learning Resources:

Texts:

- Brain Injury Rehabilitation: Clinical Considerations. Edited by A.M.J. Finlayson and S.H. Garner. Baltimore: Williams & Wilkins, 1994.
- Community Integration following TBI. Kreutzer and Wehmann. Baltimore: Brookes, 1990.
- Medico-legal Assessment of Head Injury by David S. Bell and Thomas. Springfield, 1992.
- Neuropsychology: A Clinical Approach by Walsh. Churchill Livingstone, 3rd Edition, 1994
- Recovery After Traumatic Brain Injury. Edited by B. Uzzell and H. Stonnington. Lawrence Erlbaum Associates, 1996.
- Rehabilitation of the Adult and Child with TBI by Rosenthal, Griffith Bond and Miller. Philadelphia: Davis 1989.
- Traumatic Brain Injury - Services, Treatments and Outcome. Edited by M.A. Chamberlain, V. Neumann and A. Tennant. Chapman and Hall Medical, London, 1995.
- Brain Injury Medicine: Principles and Practice, Ed. Zasler ND, Katz DI, Zafonte RD. Demos Medical, 2007.

Journals:

- Archives of Physical Medicine and Rehabilitation, including 1998 Study Guide Vol. 79 No 3 Supp. 1. March 1998.
- Brain Injury
- Journal of Head Trauma Rehabilitation

Suggested future clinical trials:

- Conduct medication trials to enhance cognition and attention in TBI or to treat emotional and behavioral problems related to TBI.
- 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 to assessment and psychotherapy for disorders such as PTSD or for 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 such as TBI with SCI.
- Develop standardized treatment protocols for posttraumatic pain, notably headache and post amputation pain.
- Study factors influencing metabolic and body composition changes after TBI, such as pituitary dysfunction and alterations in mobility and lifestyle.
- Investigate cost-effective models for prosthetic fitting and training.

APPENDIX 2: ISPRM EDUCATION COMMITTEE MINIMUM CURRICULUM FOR RESIDENCY PROGRAM - SPINAL CORD INJURY (SCI) WILL BE PUBLISHED IN THE MARCH ISSUE OF THE NEWS & VIEWS

ISPRM CENTRAL OFFICE: WERNER VAN CLEEMPUTTE, EXECUTIVE DIRECTOR www.isprm.org

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INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – FEBRUARY 2009

SELECTION OF THE VENUE FOR THE 2015 ISPRM WORLD CONGRESS.

Werner Van Cleemputte, ISPRM Executive Director

One of the points on our agenda in the upcoming ISPRM Board of Governors Meeting on Saturday 13 June 2009 to the occasion of our ISPRM World Congress in Istanbul will be the selection for the venue of our 2015 ISPRM World Congress. We herewith officially announce the call for application to hold the 2015 ISPRM World Congress and invite all national societies in good standing to review the document below in order to make a possible bid for hosting the Congress. We wish all applicants a lot of success and if you should have any further questions, feel free to contact me at Werner@medicongress.com

Requirements for application to hold the ISPRM World Congress

1) GENERAL

- 1.1 The ISPRM World Congress will be held every 2 years.
The 2001 Congress took place in Amsterdam, 2003 was Prague, 2005 was São Paulo and 2007 was Seoul,
The 2009 Congress will take place in Istanbul, Turkey, Puerto Rico in 2011 and Beijing in 2013
The venue for the 2015 ISPRM World Congress is now open for application.
- 1.2 Application to hold the ISPRM World Congress shall be made by any active member national society or any individual active member, if fully sponsored by a national society, to the Secretary of the ISPRM.
The application must be made with a minimum of 6 years prior to the projected date.
- 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 report about the congress on the occasion of the ISPRM Annual Meeting of the Board of Governors and will also forward updates on the congress situation following any request made by the President or the Central Office
- 1.5 The general lay-out of the Congress should preferably be equal for each ISPRM Congress. The basic framework of the Amsterdam and Prague Congresses can be followed or changed according to local conditions:
Saturday and/or Sunday: business meetings, courses and late afternoon Official Opening of the Congress
Monday to Thursday: Congress days
Exhibition: Monday till Thursday with lunch and evening time slot for satellite symposiums and workshops by industry not in competition with the official congress programme
- 1.6 The National Society should make a contract with a local PCO (Professional Congress Organiser) in order to arrange the organisation of the congress. This contract must be approved by the ISPRM before it is signed.



INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – FEBRUARY 2009

2) ISPRM Scientific Structure of the Congress

2.1. Presidents and chairs

It is suggested that in addition to the **ISPRM president** and the **president of the congress** there will be a **chair of the scientific committee** and an **abstract chair** as well as a **chair of the organising committee**.

Within the organising committee, a number of chair persons for different committees (congress committee chairs) ranging from finances to exhibition, fundraising, public relations, publication, registration, social affairs, tour, transportation, etc can be defined by the chair of the organising committee.

2.2. Scientific committee and advisory boards:

It is conceivable that a reasonable size for a scientific committee will include between 10 and 30 members. It is also conceivable that the number of scientific committee members from the organising country should ideally not exceed 30%.

It is suggested that the local organisers will identify the names from the organising country and nominate a number of international scientists. Additional suggestions for scientific committee members may be made by the congress committee or the members of the president's cabinet.

Ultimately, it is envisioned that the president's cabinet will make the final decision regarding the selection of the scientific committee members and will officially appoint all scientific committee members both from the organising country and from the group of international scientists.

With regard to the duration of the appointment, it is suggested that the members of the scientific committee will be appointed for 1 or 2 congress periods. This will ensure on the one hand continuity and on the other hand dynamic. With few exceptions, the members of the local organising country would be appointed for one period.

It is envisioned that the scientific committee for the next congress meets the first time at the actual congress that is 2 years before the congress. A second meeting would hold place during the intermediate years meeting. Nominated candidates for the scientific committee would need to make a commitment regarding their presence at these meetings.

2.3. Advisory boards

It is suggested that there will be two advisory boards, one from the organising country and an international advisory board.

The national advisory board would be identified by the president of the congress in collaboration with the chair person of the organising committee and the presidents of the organising societies.

The members of the international advisory board would for example include all current and past holders of positions in the ISPRM executive committee, all members of the honorary presidents and additional members appointed by the president's cabinet upon suggestion by the local organisers or members of the board of governors.

3. SOCIAL ACTIVITIES

3.1 A Welcome Reception should be organised in the congress centre immediately after the Opening Ceremony on Sunday. 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.



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THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – FEBRUARY 2009

- 3.2 Reception, to be organised preferably on Tuesday evening in a historic or municipal location in the city. This reception is also included in the registration fee.
- 3.3 The Official Banquet of the Congress should preferably be organised in an adequate venue. Registration for the banquet is usually 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.

4) CEREMONIES

- 4.1 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.
- 4.2 The Closing Ceremony will probably 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.
- 4.3 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.

5) FINANCES

- 5.1 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.
- 5.2 Any final positive balance from an international congress shall be distributed as follows: 70% for the national organizing committee and/or national society and 30% for the ISPRM, unless alternative arrangements because of special circumstances are made with the approval of the Executive Committee. Negative balances from international congresses shall not be the responsibility of the ISPRM. A minimum amount of 30.000 Euro will be distributed to the ISPRM (also in case the congress should have less profit or even a loss).
- 5.2 A contract will be drawn up between ISPRM and the National Society. This contract should be signed not less than 4 years before the congress 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 on the other hand.
- 5.3 The (LOC) shall be responsible to the Executive Committee and the Board of Governors 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, Board of Governors 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.
- 5.4 Members of the Presidents Cabinet (approx 10 pax) and the Executive Director should have a free registration in the congress and the Official Banquet and will also be reimbursed for travel costs and hotel stay. If the congress budget permits, members of the Board of Governors of ISPRM should receive a free registration in the congress and the Official Banquet of the Congress.



INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – FEBRUARY 2009

- 5.5 Congress Fees: The congress fee 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. Reduced fees for students and trainees are to be provided. Funds are to be collected in order to offer free registrations to participants from third world countries and developing countries.
- 5.6 Costs for ISPRM-related activities by the Executive Director for the congress are to be borne by the congress budget.
- 5.7 Reduced Fees and ISPRM membership: Each non ISPRM Member registering for the congress will be charged a congress registration fee including a two year ISPRM membership (value 50 Euro in 2008). This will be charged automatically included in the registration fee. Will be checked by the Central Office.

6 VOTING PROCEDURE & VENUE SELECTION

- 6.1 Voting rights: All members of the Board of Governors have voting rights if they are in good standing. At this moment approx 100 persons do have voting rights (see www.isprm.org)
- 6.2 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.
- 6.3 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 spends) are to be borne by the LOC.
- 6.4 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).

7 PRESENTATION

- 7.1 The presentation of the city in the meeting of the Board of Governors will take approximately 10 minutes and another 5 minutes is provided for questions and answers. The presentation is to be made by a member of the National Society. The local congress office or tourist board is allowed to be present for the presentation and questions. However they can only be present in the room during the presentation of its own city.
- 7.2 The winning destination should immediately officially name the chairman of the Local Organising Committee (LOC) as the further contact person for the congress. This decision is to be made by the National Society.
- 7.3 The winning destination (pending final approval after the inspection tour takes place) will be announced in the Official Banquet and a short presentation by the LOC can be allowed.



INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – FEBRUARY 2009

8 HOW TO PROCEED

- 8.1 An official letter or email should be sent to the ISPRM Central Office officially announcing the interest in bidding for the ISPRM World Congress. This letter or email should reach the Central Office 3 months prior to the date of selection. For the 2015 ISPRM World Congress, this means that the letter should be received by **March 13, 2009 at the latest**.
- 8.2 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. This bid book needs to be sent in 2 copies to the ISPRM Central Office one month prior to the date of selection. This means that the bid book should be received by **May 15, 2009 at the latest**.
- 8.2 The bid book should also be sent electronically to the Central Office. This for publication on the ISPRM website so that Members of the Board can have access to it at least **3 weeks** before the day the election meeting takes place.
- 8.3 Two printed copies are to be mailed to the ISPRM Central Office.

9 MANDATORY

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

NEWS & VIEWS EDITORIAL BOARD 2008-2010

Publications Committee: Walter Frontera, (chair)

Editors: Nicolas Christodoulou (chair), Leonard Li, Jorge Lains, Jianan Li

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



INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – FEBRUARY 2009

JOURNAL OF REHABILITATION MEDICINE

(one of the two official journals of the ISPRM)

Issue 3, February 2009 (Volume 41)

Articles are accessible for ISPRM individual members (in good standing)

- **Vocational rehabilitation**
Jan Ekholm, Kristina Schüldt Ekholm
- **Multidisciplinary interventions: Review of studies of return to work after rehabilitation for low back pain**
Anders Norlund, Annina Ropponen, Kristina Alexanderson
- **Chronic pain and severe disuse syndrome: Long-term outcome of an inpatient multidisciplinary cognitive behavioural programme**
C. Paul van Wilgen, Pieter U. Dijkstra, Gerbrig J. Versteegen, Marjo J. T. Fleuren, Roy Stewart, Marten van Wijhe
- **Responsiveness of the activities of daily living scale of the knee outcome survey and numeric pain rating scale in patients with patellofemoral pain**
Sara R. Piva, Alexandra B. Gil, Charity G. Moore, G. Kelley Fitzgerald
- **Effect of pelvic stabilization and hip position on trunk extensor activity during back extension exercises on a roman chair**
Rubens A. da Silva, Christian Larivière, A. Bertrand Arsenault, Sylvie Nadeau, André Plamondon
- **Seat height: Effects on submaximal hand rim wheelchair performance during spinal cord injury rehabilitation**
Lucas H. V. van der Woude, Arianne Bouw, Joeri van Wegen, Harry van As, DirkJan Veegeer, Sonja de Groot
- **Assessment of dependence in daily activities combined with a self-rating of difficulty**
Susanne Iwarsson, Vibeke Horstmann, Ulla Sonn
- **Short-term effects and long-term use of a hybrid orthosis for neuromuscular electrical stimulation of the upper extremity in patients after chronic stroke**
Jan-Willem G. Meijer, Gerlienke E. Voerman, Kim M.L.W. Santegoets, Alexander C. H. Geurts
- **Low-frequency transcranial magnetic stimulation for visual spatial neglect: A pilot study**
Weiqun Song, Boqi Du, Qian Xu, Jie Hu, Mao-bin Wang, Yuejia Luo
- **Effects of intensive therapy using gait trainer or floor walking exercises early after stroke**
Sinikka H. Peurala, Olavi Airaksinen, Pirjo Huuskonen, Pekka Jäkälä, Mika Juhakoski, Kaisa Sandell, Ina M. Tarkka, Juhani Sivenius
- **Neuromuscular electrical and thermal-tactile stimulation for dysphagia caused by stroke: a randomized controlled trial**
Kil-Byung Lim, Hong-Jae Lee, Sung-Shick Lim, Yoo-Im Choi
- **Perceived mental health and needs for mental health services following trauma with and without brain injury**
Marie-Christine Ouellet, Marie-Josée Sirois, André Lavoie
- **Relationship between occupational gaps in everyday life, depressive mood and life satisfaction after acquired brain injury**
Gunilla Eriksson, Anders Kottorp, Jörgen Borg, Kerstin Tham
- **Effect of a home exercise video programme in patients with chronic obstructive pulmonary disease**
Julie Moore, Helen Fiddler, John Seymour, Amy Grant, Caroline Jolley, Lorna Johnson, John Moxham
- **Phenol neurolysis for relieving intermittent involuntary painful spasm in upper motor neuron syndromes: A pilot study**
Tarek S. Shafshak, Alaa Mohamed-Essa
- **Organizing human functioning and rehabilitation research into distinct scientific fields**
Susan Graham, Ian D. Cameron
- **Organizing human functioning and rehabilitation research into distinct scientific fields revisited: Reply to the letters from Jensen & Kartin and Graham & Cameron**
Jan D. Reinhardt, Gerold Stucki



INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – FEBRUARY 2009

UPCOMING MEETINGS AND CONGRESSES

ISPRM World Congresses

- **5th Congress** **June, 13 - 17, 2009** **Istanbul, Turkey**
- **6th Congress** **June, 12 - 15, 2011** **San Juan, Puerto Rico**
- **7th Congress** **June 2013** **Beijing, China**

Congresses on:

- **Stroke** www.internationalstroke.org/s_content.php?id=fb2002-03-04-1020
- **Neurology** www.eurostroke.org/esc_main%20links.htm
- **Neurorehab** www.wfnr.co.uk/docs/events.htm
- **Spine** www.spine.org/calendar/nass_future_events.cfm
- **Brain Injury** www.internationalbrain.org/content.php?pages=congress
- **Osteoporosis** www.iofbonehealth.org/meetings-events.html



= congresses offering reduced registration fees for ISPRM members

2009

- **20th Anniversary of the International Center of Neurological Restoration (CIREN)**, 9-13 March, Palacio de las Convenciones, La Habana, Cuba. Contact rn2009@neuro.ciren.cu. Visit www.ciren.ws
- **9th Int. Conference on Alzheimer and Parkinsons Disease**, 11-15 March, Prague, Czech Rep. Visit www.kenes.com/adpd
- **The First International Conference on Culture, Ethnicity, and Brain Injury Rehabilitation**, 12 - 13 March, Washington, D.C. area, U.S.A., Marriott Crystal Cit.. Contact: jcarangolasp@vcu.edu
- **Portuguese PRM Society Annual Congress (Sociedade Portuguesa de Medicina Física e de Reabilitação)** - 12-14 March, Hotel Montebelo - Viseu, Portugal. Contact spmfr@spmfr.org
- **First World Congress on Spina Bifida Research and Care Location**: Walt Disney World Swan and Dolphin Resort Orlando, Florida Date: 15-18 March. Info: raustin@sbaa.org
- **9th European Congress on Clinical and Economic Aspects of Osteoporosis and Osteoarthritis**, 18-21 March, Athens, Greece, visit www.eccceo9.org

Principles and Practice of Clinical Research 2009 - Course will be offered by Scholars in Clinical Science Program and Department of Continuing Education, Harvard Medical School. The course will occur from March 19th to October 25th. For the 2009 edition, CME credits will be provided. – for details please contact Marta Imamura: martaimf@gmail.com

- **8th International Symposium on Osteoporosis (ISO8)**, 1-5 April, Washington DC, USA - Contact Ian Priest: ian@nof.org

ISPRM CENTRAL OFFICE: **WERNER VAN CLEEMPUTTE, EXECUTIVE DIRECTOR** www.isprm.org

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INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – FEBRUARY 2009

- **The Australian Pain Society 29th Annual Scientific Meeting**, 5-8 April, Sydney Convention and Exhibition Centre. Email: aps@dcconferences.com.au Website: www.apsoc.org.au
- **Rehabilitacion 2009 – 5th Congreso of the Sociedad Cubana de Medicina Fisica y Rehabilitación**, 6-10 April. Havana, Cuba - Contact: ventas10@avc.cyt.cu
- **43rd Comprehensive Review Course in Physical Medicine and Rehabilitation** (81.75 CME credits) of Baylor College of Medicine / The University of Texas Medical School at Houston PM&R Alliance, April 18 – 26, 2009, Crowne Plaza River Oaks Hotel, Houston, Texas. Info: PMandR@bcm.edu.
- **The 21st Annual PM&R Review Course** at Kessler Medical Rehabilitation Research and Education Center, 23 April- 1st May, Info: gdeiorio@kesslerfoundation.net
- **60th Annual Meeting**, AAN. 25 April - 2 May. Seattle, USA. Visit <http://am.aan.com>
- **3rd International Conference on Vocational Outcomes in TBI**, 7-9 May, Vancouver, Canada. Visit www.tbicvancouver.com
- **19th EWMA Conference (European Wound Management Association)**, 20 – 22 May, Helsinki, Finland. Visit <http://ewma2009.org>
- **18th European Stroke Conference**, 26-29 May, Stockholm, Sweden. Info follows



- **World Congress of Gerontology and Geriatrics, IAGG**, 5-9 July, Paris, France. Visit www.gerontologyparis2009.com
- **Midsummer Meeting, International Neuropsych Society**, 29 July – 1 August, Helsinki, Finland. Visit www.the-ins.org
- **6th Satellite Symposium on Neuropsychological Rehabilitation**, 3-4 August, Tallin, Estonia. Visit www.koenigundmueller.de
- **5th Joint Meeting of European Tissue Repair Society and Wound Healing Society**, 25 – 29 August, Limoges, France. Visit www.objectif-congress.com/ETRS
- **1st International Congress on Clinical Neuroepidemiology**, 27-30 August. Visit www.neuro2009.com. Contact: info@neuro2009.com
- **10th Int. Congress EFRR**, 9-12 September, Riga, Latvia. Visit www.EFRR-Riga09.com
- **13th Congress of Euro Federation on Neurological Societies** 12-15 September, Florence, Italy. Visit www.kenes.com/efns2009
- **35th ASIA Annual Meeting**, 22-26 September, Dallas, Texas, USA. Visit www.asia-spinalinjury.org
- **24th Congress of the French Society on PM&R (SOFMER)**, 15-17 October, Lyon, France. Visit www.sofmer.com

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INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – FEBRUARY 2009

- Eurospine 2009, 21-24 October, Warsaw, Poland. Visit www.eurospine2009.org
- 48th ISCoS Annual Meeting, 21-24 October, Florence, Italy. Visit www.iscos2009.com

70th Annual Meeting of the AAPM&R, 22-25 October, Austin, Texas, USA. Visit www.aapmr.org



- 19th World Congress of Neurology, 24-30 October, Bangkok, Thailand. Visit www.wcn2009bangkok.com
- 24th Annual Meeting of the North American Spine Society, 10-14 November, San Francisco, USA. Visit www.spine.org
- 12th Asian Federation of Sports Medicine Congress, 3-6 December, Amritsar, Punjab, India. Visit www.afsm2009.com

2010

- World Congress of Internal Medicine, 20-25 March, Melbourne, Australia. Info follows.
- 18th Annual Scientific Meeting of the Australasian Faculty of Rehabilitation Medicine, 20-25 March, Melbourne, Victoria. Contact: afrm@racp.edu.au
- 6th World Congress for Neurorehabilitation, 21-24 March, Vienna, Austria. Contact: traceymole@wfnr.co.uk
- World Congress on Osteoporosis, 5-8 May, Venice, Italy, Visit www.iofbonehealth.org

17th European Congress on Physical Medicine & Rehabilitation, 23 - 27 May 2010, Venice, Italy. Contact: alessandro.giustini@ntc.it



- 7th World Conference, International Society for Gerontotechnology, 27-30 May, Vancouver, Canada. Visit: www.sfu.ca/grc/isg2010

XXIV Congress of the Latin American Medical Association of Rehabilitation – AMLAR 2010. Includes the XII meeting of the Latin-American Society of Paraplegia and the XXV Congress of the Colombian Association of Physical Medicine and Rehabilitation. August 25-28, Hilton Convention Center, Cartagena, Colombia. Contact: Dr. Jorge E Gutierrez jegutier@gmail.com, Visit. <http://amlar2010.org>



- 13th World Congress on Pain, 29 August-3 September, Montreal, Canada. Visit www.iasp-pain.org

8th Mediterranean Congress of Physical and Rehabilitation Medicine, September 29 to October 02, Limassol, Cyprus. Hosting the ISPRM Interim Board of Governors meeting. Contact Congress president: Nicolas Christodoulou. chrisfam@logosnet.cy.net



- 2nd World Parkinson Congress, 28 September – October 1, Glasgow, Scotland. Visit www.worldpdcongress.org
- 7th World Stroke Congress, 13-16 October, Seoul, Korea. Visit www.kenes.com/stroke2010
- 71st Annual Meeting of the AAPM&R, 3-7 November, Seattle, Washington, USA. Visit www.apmr.org

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INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – FEBRUARY 2009

2011

- 72nd Annual Assembly AAPM&R, 17-20 November, Orlando, Florida, USA. Website: www.aapmr.org

6th ISPRM World Congress, June, 12 - 15, 2011, San Juan, Puerto Rico

2012

- **World Congress for Neurorehabilitation**, 15 -19 May, Melbourne, Australia. Info follows.
- **Spineweek, Third Combined Congress of the Different Spine Societies**, May 27- June 1, Rai Amsterdam, The Netherlands. Info follows.

7th ISPRM World Congress, June 2013, Beijing, China