Dear Colleagues, I think I have good news for you about the congress. To date about 1,100 abstracts have been received for oral or poster presentation at the 2nd World Congress of the ISPRM, which will take place in Prague, Czech Republic, May 18-22, 2003. An outstanding scientific program covering all the relevant topics in rehabilitation work, has been prepared by the Scientific Committee under Nachum Soroker MD, and will be released soon. By now the notification letters of the abstract submissions have been sent to the participants.

Sixty-seven leading scientists will deliver Keynote Lectures at the beginning of every session and in interactive sessions, presenting not only the present state-of-the-art of the topic in hand but also trends for future research and development. In addition, participants will be able to take part in 11 Special Educational Activities - in-depth sessions of a practical nature, such as EMG, posturography, cognitive functions assessment, etc, designed to allow participants to acquire new skills either hands-on or in theory-driven teaching. A special award will be given to the “best poster” so put a lot of thinking and graphics in it!

In the scientific program two special activities: the Young Scientists Award and Meet the Editor Session. Over 130 submissions were received for consideration for the Young Scientists Award - the short-listed submissions will be presented in a special session at the Congress and the award presented at the Gala Dinner. In a Meet the Editor session the audience will have an unique opportunity to ask questions to “the people behind the decisions” on whether to publish or reject papers. These “people behind the decisions” are editors of leading journals in the field of physical and rehabilitation medicine.

The commercial-scientific exhibition will bring the latest in all the relevant technologies in rehabilitation and special symposia, organized by drug and technological firms will take place. Several international organizations – besides ISPRM – plan to have meetings and special activities in Prague. Organizations such as: the World Health Organization (WHO), Decade of Bone and Joint, American Board of PMR, International Classification of Function (ICF), National Osteoporosis Foundation (NOF), EU Research Project SPASM, Rehabilitation International Medical Committee, Landmine Survivors Network (LSN), etc.

Submissions and registrations have been received from 68 countries, including amongst others – beyond the traditional ones - Laos, Bangladesh, Iran, Mongolia, Indonesia, Qatar, Tunisia, Zambia, Uruguay, Bosnia-Herzegovina, Uzbekistan, Algeria, etc, making this a truly international event. This gives us a unique opportunity to establish working relationships between people in their region and beyond.

The Congress social program will include the Welcome Reception on Sunday May 18, with greetings from different personalities and a Keynote Lecture by Prof. M. Hallett from the NIH, opening of the exhibition, an evening of music in Prague churches on Tuesday May 20 and an optional Gala Dinner in the evening of May 21st. A variety of fascinating tours to outstanding historical sites have been planned.

For further information on the Congress please visit www.kenes.com/physical or contact the Secretariat at physical@kenes.com.
ICF CORE SET DEVELOPMENT - A KEY DEVELOPMENT FOR THE FIELD OF REHABILITATION MEDICINE IN COOPERATION WITH ISPRM!

Dear friends,

For a first information on the ICF Core Set development please check the newsletters from ISPRM. Please let us know if you are interested to get PDF files of the currently available articles.

We just had a successful 2nd conference on stroke, chronic pain, depression and obesity lead by Dr. Alarcos Cieza from the ICF Research Branch in Munich and attended by Nenad Kostanjsek and Matilde Leonardi from the CAS team at WHO. While at the first conference we had 80 participants, at the 2nd conference more than 130 experts from 25 countries contributed. The acting president of ISPRM Haim Ring and the past president John Melvin personally attended the meeting together with many other experts from ISPRM. From the European Board Alain Delarque, Christina Schuldt, Jan Ekholm, Bengt Sjölund, Pedro Cantista and Lajos Kullmann attended the meeting. Again, we had four representatives from our cooperation partners, the Austrian and German society. A great thank to them and to the experts from all over the world!

The team at the ICF research branch is now looking forward to the 3rd conference on Diabetes Mellitus, COPD/Asthma, Heart Disease and Breast Cancer. We appreciate if you consider participating yourself or if you would encourage participation by other experts. Participation is possible for the Delphi and at the 3rd ICF Core Set Consensus Conference held near Munich from May 30 to June 2 2003. It will be a perfect time to be in Bavaria and we are sure that you will enjoy the fantastic atmosphere of the old monastery Kloster Seeon. The costs for the conference are Euro 348 for three nights accommodation. If needed for your institution or for your national society to cover for the expenses we can send you an official invitation. Bus transports from the Airport will be organized. We suggest that you contact your national society to cover for your expenses. As a benefit to the national society you may write the mentioned report and you may formally register the society to become associated with the ICF Core Set development.

It is intended to publish the conference as a supplement with a Journal in Rehabilitation Medicine. The name of the participants will be mentioned in the methods section or in the acknowledgement section. If you wish to write yourself with a conference report for your national society we will provide you with extensive materials.

Interested experts please contact Dr. Alarcos Cieza, group leader ICF Core Set development at the ICF Research Branch (Alarcos.Cieza@phys.med.uni-muenchen.de) in Munich.

While the topics of the next conference may not be primarily "PRM driven" it is of utmost importance that PRM specialists bring in their expertise regarding functioning and health in all four conditions! Even if the conditions at the third conference are not the main field of expertise of a PRM specialist he may have a valuable experience in these conditions e.g. as a co morbidity.

I would also like to mention that it is possible for national PRM societies to become associated with the ICF Core Set development. The associated partners are regularly informed about the process and may use their association with the ICF Core Set development to strengthen their profile nationally. At this point, our cooperation partners from Austria, Germany and Switzerland are associated as well as the Portuguese Society. From the condition perspective the Bone and Joint Decade and the EULAR are associated. If you are interested, please request an association form from Dr. Alarcos Cieza.

With kind regards and many best wishes from Munich

Gerold Stucki, ISPRM liaison officer to the WHO
Professor and Chairman Department of Physical Medicine and Rehabilitation
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**REHABILITATION SERVICES IN EGYPT**

Tarek S. Shafshak, MD
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**Introduction and general description:**

Physical medicine and rehabilitation (PMR) have been practiced in Egypt since the 1940's. Currently, there are at least 195 hospitals belonging to the Ministry of Health and about 18 university affiliated hospitals that have special departments for PMR (these departments may also be named rheumatology and rehabilitation, or physical medicine, rheumatology and rehabilitation in some hospitals). They are distributed all over the country, but mainly in large cities. In addition, there are departments for physical and/or rehabilitation medicine at the internal security hospitals in Cairo and in some military hospitals. The biggest rehabilitation center in Egypt is the Armed Forces Center for PMR at El-Agouza, Cairo. There are also several private PMR centers (which may be a separate center or a separate department in a private general hospital) in most of the Egyptian cities.

Generally speaking, the departments of PMR are supervised and managed by specialists of PMR (i.e. physiatrists). Many physiatrists, physiotherapists and trained nurses work together in these departments as one team. They offer rehabilitation services mainly for neurological, orthopedic and rheumatic patients. These services usually include medical treatment, rehabilitation nursing and physiotherapy, in addition to prescribing assisted devices (e.g. walking aids, orthoses and/or prostheses) and train patients how to use it. Also, they offer general medical services for many rheumatologic disorders; and sometimes rehabilitation services for some pulmonary and cardiac patients. Usually, physiatrists work in collaboration with speech therapists, psychologists, psychiatrists, social workers, vocational therapists and/or other medical specialists (that are usually not available at the departments of PMR) to provide the necessary service for each patient. Some governmental hospitals provide the rehabilitation service free of charge, or at low economic prices. The national medical insurance, and other medical insurance companies, usually covers the expenses of rehabilitation services (including the assistive devices, orthoses and prostheses) for insured people. The cost of rehabilitation services is also reasonable in the private sector.

Physiatrists in Egypt are medical doctors who have a diploma, master or doctoral degree (MD) in PMR. They should have at least 2 years of training, and pass a written, oral and a clinical examination to get the diploma or master degree in PMR. Those with a master degree are eligible to be enrolled in the doctoral degree program, in which they prepare a doctoral thesis in PMR (for at least 2 years), then they have to undergo an advanced written, oral and clinical examination in PMR including the management (clinical diagnosis, electrodiagnosis, physical treatment and medical treatment) and the rehabilitation of all musculoskeletal and locomotor disorders in addition to other disabilities. Physiotherapists or who practice physiotherapy in Egypt should have a bachelor degree in physiotherapy. However, trained nurses who are trained in physical rehabilitation and had a diploma in physical rehabilitation (or massage and electrotherapy) also practice physiotherapy (and sometimes they practice in addition occupational therapy) under physiatrist supervision, and most of them are doing a great job.

There are also many orthotic and prosthetic centers. Some of these centers belong to the Ministry of Health (e.g. the largest center is in the Institute for Poliomyelitis in Cairo besides smaller centers in Alexandria, Minoufia, Giza and Baniswief governorates), while few are affiliated to military hospitals (e.g. the Armed Forces Center for PMR in Cairo). Also, other centers (sometimes called plants) are affiliated to either the Ministry of Social Affairs or some charities. The most important of these are Alwafaa Wa-alamal in Cairo, the rehabilitation center at Moharam-Beck in Alexandria and the center for PMR, Masjid Sidi-Gaber Charity, at Semouha, Alexandria). In addition, there are many other small private centers. In general, they assemble or manufacture orthoses and prostheses from Egyptian-made or imported materials. The imported materials are mainly the hydraulic, safety or polycentric knee components. Sometimes however, other components i.e. the foot component are also imported. If the orthoses and prostheses are made totally from Egyptian materials, their price would be reasonable. However, if they are made of imported materials, this makes the cost expensive.
Furthermore, there are about 60 physiotherapy and rehabilitation centers affiliated to the Ministry of Social Affairs. They are distributed in most governorates. Few are now available in some rural areas. Each center has a doctor (a physiatrist, neurologist, orthopedic surgeon or a general practitioner depending mainly on the availability) and at least one physiotherapist in addition to few nurses. They provide general medical services, physiotherapy and limited rehabilitation services (prescribing some assisted devices, and offering gait training).

Several physiotherapy centers, mostly private (but some are separate departments in few hospitals affiliated to either a university or the Ministry of Health) are now available all over the country, but mainly in big cities. They are supposed to receive patients referred by a physician for physiotherapy. In this way, they might participate in providing a part of the rehabilitation program for those patients.

Elderly homes appeared in Egypt in the early twentieth century. However, they are still few, and are available mainly in Cairo and Alexandria cities. Most of them are affiliated to charities (e.g. Egyptian Red Crescent, Alwafaa Wa-alamal, Greek Charity, Al-Hadaya Charity, some churches and others). Most of them are well furnished and equipped. They help elderly people (who needs assistance for the activity of daily living, which is not available at their homes) to live a comfortable life, and to cover their basic needs. Limited rehabilitation services (e.g. exercise therapy, rehabilitation nursing, hydrotherapy,...) became available in some of these elderly homes during the past 2 decades. Unfortunately, most of the available places are on a charge basis. The cost is equivalent to 10-150 dollars/month, according to the accommodation standard and the offered service.

Spa therapy (warm mineral water and/or mud) has been in practice in Egypt for several years. They provide rehabilitation services for chronic painful arthritic or non-malignant musculoskeletal pains. The most important places are at Helwan (near Cairo), the Suez Gulf region, Safaga on the red sea, some parts of upper Egypt, Sewa oasis, and at Elwady Aljadid governorate (in the western desert).

The rehabilitation practice problems:

The practice of PMR in Egypt might be considered accepted if compared to the practice of this specialty in many African and Arab countries. However, we hope at improving it to avoid a big gap between its practice in Egypt and its practice in the developed countries (e.g. USA, Canada, European Union,...). Also, we are trying to follow the great progress that was made in the USA as regard to this specialty. The author has tried to summarize the problems that we are facing now in the following items:

1) The number of physiatrists is still low compared to the size of the Egyptian population and our hopes for the future.
2) Some physiatrists need regular training programs to improve their knowledge regarding the rapidly progressing recent advances in PMR.
3) Only a few physiatrists have the experience of managing spasticity using phenol neurolysis (which is a cheap method for controlling localized spasticity).
4) The cost of botulinum toxin injection which has been recently used in managing localized spasticity is high compared to the standard of living in Egypt.
5) Occupational therapists are not generally available in Egypt. Therefore, some physiatrists (especially, the university staff), usually train some nurses to work as occupational therapists.
6) The well trained orthotists and prosthetists are still few compared to the population needs.
7) The number of social workers, vocational therapists and speech therapists who are experienced to work in the field of rehabilitation medicine is still not satisfactory.
8) The cost of the proper prostheses and orthoses (that are made of imported materials) is high compared to the standard of living of many Egyptian patients.
9) The cost of the recent computerized and/or motorized equipment that might be used in the patient's environment for his proper rehabilitation is expensive.
10) The price of the physiotherapy equipment is rising.
11) The newly used equipment in the patient's evaluation procedures is expensive (e.g. those used in gait analysis and for electrophysiological assessment of the neuromuscular system).
12) The financial support for most of the PMR centers is limited.
13) The social and/or financial support for the increasing number of patients enrolled in a rehabilitation program is limited.
14) The number of elderly homes is still limited compared to the population size, especially the centers that are ready to admit disabled and handicapped persons. Also, they are still not available for anyone unless he is able to afford it.
15) Some physiotherapists refuse working under the supervision of trained physiatrists. This might interfere with quality control.
16) Many of the spa therapy places need development.
17) There are only a few PMR centers or departments that are equipped and ready to admit patients for a long term in-patients rehabilitation program. The available places are reserved for special or selected patients.

Hopes, dreams and plans for the future:

Our hopes and plans for the future according to the author's viewpoint could be summarized in the following:

1- Increasing the financial support for the departments of PMR to cover the expenses of the recent equipment used for the patient evaluation and treatment, and that needed for the continuous training of physiatrists and all workers in the field of rehabilitation medicine.
2- Increasing the number of physiatrists.
3- Creating a special institute for occupational therapy to graduate professional occupational therapists (a paramedical institution).
4- Increasing the number of trained orthotists and prosthetists by establishing modern schools for graduating them.
5- Training many social workers and speech therapist to work in the field of rehabilitation medicine and increasing the number of trained vocational therapists.
6- Increasing financial support for disabled subjects and those enrolled in a rehabilitation program.
7- The number of rehabilitation centers should increase to cover all areas of the country not covered now. Also, the size of each rehabilitation center and the number of the available physiotherapy and training equipment should increase to deal with the increasing number of referred patients. This would also suggest increasing the number of the available trained physiotherapists in each center. Also, the number of trained physiatrists should increase so that at least one physiatrist will be available in each rehabilitation center to ensure proper planning and supervision of the rehabilitation program.
8- Establishing new rehabilitation centers that have all facilities for a long term in-patient rehabilitation program.
9- The number of elderly homes should increase and cover all parts of the country. Also, there should be a better chance for patients that could be admitted to these homes free of charge and at the same time having a good service.
10- Finally, it is our hope or dream to establish a special PMR educational and training institute that provide all rehabilitation facilities available now in the USA for our patients at a reasonable cost, and at the same time will be a training center for junior physiatrists, physiotherapists and all other rehabilitation personnel.

According to the author's opinion, the above mentioned hopes and dreams for the future necessitate, however, a great financial and technical support that might only be attained by the international cooperation.
INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – FEB. 2003

NEWS FROM NATIONAL SOCIETIES, MEMBERS OF ISPRM

NEWS FROM YOUR NATIONAL SOCIETY MEMBER OF ISPRM

Please feel free to announce news from your National Society to the ISPRM Central office for publication in this section of the News & Views.

ISPRM BOARD MEETING TAKING PLACE DURING THE CONGRESS IN PRAGUE

(FOR RESPECTIVE MEMBERS ONLY)

President’s Cabinet       Sunday 18th, 14:00-15:00
Executive Committee      Sunday 18th, 15:00-16:30
Board of Governors       Wednesday 21st, 14:00-18:00
Upcoming Meetings and Congresses

- Annual Meeting of the Philippine Academy of Rehabilitation Medicine, March 5 to 8, 2003, Boracay Regency, Boracay Island, Malay, Aklan, Philippines. [www.eparm.org]
- Sensomotrik & Rehabilitation 2003 (in German), March 14 & 15, 2003, Feldkirch Austria. See [www.lkhr.at]
- The European Congress on Sports Medicine will be held in Hasselt, Belgium, May 14-16, 2003. Visit [www.medicongress.com] for all detailed information and on-line abstract submission and registration.
- The 2nd World Congress of the ISPRM, Hilton Hotel, Prague, Czech Republic, May 18-22, 2003. Please contact Haim Ring (hring@post.tau.ac.il) for further information. Visit: [www.kenes.com/physical]
• 11th Annual Scientific Meeting of the Australasian Faculty of Rehabilitation Medicine (AFRM) Rehabilitation in the Decade of Bone and Joint, Grand Chancellor Hotel, Hobart, Tasmania, 23-26 May 2003. Contact: DC Conferences, PO Box 571, Crows Nest NSW 1585, Australia, afrm@dcconferences.com.au

• 6th Int. Symposium on Paediatric Pain: Pain in Childhood, 15-19 June, 2003, Sydney, Australia ISPP2003@dcconferences.com.au

• Fifth Brazilian Congress of Pediatric Orthopaedics, June 18-21, 2003. Belo Horizonte, Brazil sternick@gold.com.br

• Principles and Practice of Pain Medicine by Harvard Medical School, Dept of Anesthesia and Critical Care, Beth Israel Deaconess Medical Center, June 25-29, 2003, The Fairmont Copley Plaza Hotel, Boston, www.med.harvard.edu/conted

• 2nd Interdisciplinary Congress on Spine Care, 10-13 August 2003, Chicago, USA: www.worldspine.org

• 4th Congress of the European Federation of IASP Chapters, September 2-6, 2003, Prague, Czech Republic Visit www.pain2003.cz


• XI Congress of the International Headache Society, September 13-16, 2003; Rome, Italy www.i-h-s.org

• Rehabilitation International Assembly and Regional Conference, September 29-October 4, 2003, Durban, South Africa.


• 19th National Congress of the Turkish Society of Physical Medicine and Rehabilitation, October 4 - 8, 2003, Atlantis Hotel, Belek, Antalya. www.ftr.kongresi.org

• Annual conference of the Chinese Society of Physical Medicine and Rehabilitation, October 10, 2003 in Jinan city, Shangdong province. Theme: Rehabilitation in Spine Diseases and Injury. Contact: Dr Wu Zongyao, wuznyao@online.cq.cn or www.capmr.org/meeting/2003/index.htm


• Annual Scientific Meeting of the Southern Pain Society, October 17-19, 2003; 2003, San Juan, Puerto Rico

• The Southern Pain Society 2003 Annual Scientific Meeting in Conjunction with the Puerto Rico Pain Society: Pain Topics in the Tropics, October 17-20, 2003 - 3-Night Bahamas Cruise on Royal Caribbean's Sovereign of the Seas. E-mail: southernpain@continuingeducation.net, Visit: www.continuingeducation.net
INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

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- The European Congress of the FEMPR, May 2004 in Vienna Dr. Michael Quittan, michael.quittan@univie.ac.at

- 8th European Congress of Research in Rehabilitation, June 13-17, 2004, Ljubljana, Slovenia cirt.marincek@mail.ir-rs.si

- 11th World Congress of the International Society for Prosthetics and Orthotics (ISPO), 1-6 August 2004 Hong Kong: ispo@pctourshk.com

- Rehabilitation International Assembly and World Congress, August 9-13, 2004; Oslo, Norway. www.RI-Norway.no

- 3rd World Congress of the World Institute of Pain, 22-25 September 2004, Barcelona, Spain info@clinicadeldolor.com


- 5th Mediterranean Congress on PM&R, September 30 -October 2004, Antalya, Turkey, conduct Pr. Tansu at Arasil, tansu@surf.net.tr

Reminder: the 3rd ISPRM World Congress will be organised May 18-22, 2005 in San Paolo, Brazil and the 4th ISPRM World Congress will take place in 2007 in Seoul, Korea.

Please feel free to announce your upcoming congresses in this agenda by sending an email with all information to the Executive Director

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