



INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – MAY 2004

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TIME IS SHORT: SUBMIT NOMINATIONS SOON

By John L. Melvin, Chair of the Nominating Committee

The Nominating Committee is expected to submit its candidates to the Executive Committee by July 2, 2004. Thus, there is not much time for the national society and individual members of the ISPRM to share their wisdom in the selection of our future leadership. I urge you to send your suggestions to our Executive Director, Werner Van Cleemputte at isprm@medicongress.com as soon as possible.

The Board of Governors at its 2004 meeting will elect the following positions.

Executive Committee

- Vice President
- Treasurer
- Secretary
- Vice President for Asia & Pacific
- Vice President for Central and South America
- Vice President for Europe
- Vice President for Middle East & Africa
- Vice President for North America
- Member at Large Representing Societies
- Member at Large Representing Individuals
- Members at Large Representing National Societies (one for each)
- Members at Large Representing Individual Members (equal to above)
- ISPRM Education and Development Fund
- Board of Director Member (2004-2008)

The Nominating Committee will forward the recommendations of the national societies for their Member at Large Representatives to the Board of Governors for approval. These recommendations also should be submitted as soon as possible in order to meet the requirements included in our Policies and Procedures.

Selections of nominees will be based on the following criteria when possible.

- Previous accomplishments within ISPRM
- Previous accomplishments within IRMA or IFPM&R
- Other accomplishments in P&RM nationally and internationally
- Lectures given at ISPRM and ISPRM endorsed Congresses
- Regularity of attendance at ISPRM Congresses
- Regularity of attendance at Congresses with ISPRM Board Meetings
- Commitment to assume the responsibilities for which nominated

This includes working throughout the year on projects associated with ISPRM

- Commitment to attend the meeting at which the election takes place
- Commitment to attend Board meetings during tenure on the Board
- Paid up individual membership
- Gender
- Commitment to meet these responsibilities **without financial support** (The ISPRM does not have the funds to financial provide support.)

Please assist us in finding the best leadership possible for the next two critical years of the ISPRM. Thank you for your help.

ISPRM CENTRAL OFFICE:

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Els Vertriest, *Secretary to the Executive Director*

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THE ISPRM AWARDS

Introduction

The International Society of Physical and Rehabilitation Medicine may recognize members at its biennial congresses through awarding the Sidney Licht Lectureship Award and the Herman Flax Lifetime Achievement Award. The Awards Committee under the Presidency of John Melvin accepts proposals for nominations for the two awards it is presenting namely

Sidney Licht Lectureship Award

The Sidney Licht Lectureship Award was established by the International Rehabilitation Medicine Association in honor of Sidney Licht, its founding father and a tireless advocate for the expansion of rehabilitation medicine. The ISPRM continues this award to honor physiatrists who have made consistent contributions to the advancement of international physical and rehabilitation medicine. Those receiving the award will be respected and admired by their peers for their outstanding accomplishments in advancing the care of those with disabilities internationally, and for their leadership within the ISPRM. The ISPRM when selecting individuals for this award includes among the criteria recognition that the awardees have substantive information to share with their colleagues through the lectureships. The award is limited to one every two years, and need not be given at every congress.

Herman Flax Lifetime Achievement Award

The Herman Flax Lifetime Achievement Award was established by the International Rehabilitation Medicine Association in honor of Herman Flax who provided outstanding leadership to IRMA and his specialty throughout his long career as an academic physiatrist. The ISPRM continues this award to honor individuals with a lifetime of outstanding and unique contributions to the care of individuals with disability and the specialty of physical and rehabilitation medicine. Individuals receiving this award will have made contributions in the areas of patient care, research, education, administration and advocacy including advancing the ISPRM. This award is the ISPRM's highest honor. It is limited to one every two years, and need not be given at every congress.

ISPRM members in good standing are allowed to propose their candidates to John Melvin at John.Melvin@Jefferson.edu) by June 2nd at the latest.

5TH MEDITERRANEAN CONGRESS OF PHYSICAL & REHABILITATION MEDICINE

By Gülseren Akyüz

Antalya , the host city of the 5th Mediterranean Congress of Physical & Rehabilitation Medicine is a unique settlement with its magnificent history , natural beauty and modern life .



When King Attalos first set eyes on Antalya he dubbed it "Paradise on Earth". It's fertile soil and natural harbour made it ideal for settlers throughout the ages. Antalya has had an extremely chequered history. The Persians, Alexander the Great, The Romans the Arabs and many more have all left their mark on the area over the centuries but no one more so than King Attalos of Pergamon who in 159 B.C. gave the region its name Attalia, from which we derive the modern name Antalya. The city stretches along the bay bearing its name , and is built at 39 meters altitude on a rocky coastline. One is immediately struck by the Taurus mountains rising to 3086 meters above coastline.

Antalya, the jewel of Mediterranean Region, is the capital of the turquoise Riviera of Turkey .

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Though Antalya is known, especially in the west, as a destination for holiday, but it is also a perfect venue for meetings offering fascinating conference opportunities.



We have invited more than 80 scientists to lecture at our Congress from the Mediterranean Sea region and all over the world. We try to choose up-to-date scientific themes for the congress and in addition, we give importance to social and cultural events as well. After the daytime workshops on 30th September, we have planned a beautiful opening ceremony followed by a welcome cocktail party.

The scientific programmes will go on full day on the 1st, 2nd and 3rd and half day on the 4th of October. We are still working on organising social and cultural surprise programmes.

This congress also plays an important role in hosting the ISPRM Board Meeting. As we all know, the 3rd World ISPRM Congress is going to be held in Sao Paulo, Brasil in 2005.

We are ready willing to give any support necessary during the congress.

Dear Colleagues,

We are working on the preparations and we believe that your participation will make us stronger.

We are looking forward to seeing you in Antalya.

Please visit us : www.medcongress.org

IRAQI NATIONAL SPINAL CORD INJURIES CENTRE (INSCIC) TWICE DESTROYED SINCE LAST WAR BUT WE REFUNCTIONED IT AGAIN

By our ISPRM member Kaydar M. Al-Chalabi, Director of the NSCIC

Dr Al Chalabi would be pleased to hear your reactions and support at: chalabi@uruklink.net

Although ISPRM does not want to make any political or religious statements we think this is an important candid and straight forward article written by a colleague living in a conflict area.

Introduction:

The National Spinal Cord Injuries Centre (formerly IBN Al-Kuff Military SCI Hospital) is the only rehabilitation centre, located in the capital town, with 130 beds capacity, it was established and opened in Oct. 11, 1982.

Until the last war, March 19, 2003, about 3200 SCI patients were admitted, underwent a comprehensive rehabilitation program and followed up regularly. At the early beginning, a Danish medical rehabilitation team worked together with the Iraqi team for 4 years (contract), and established the working system. When they left at the end of 1986, the Iraqi team (SCI rehabilitation specialists, college and institutes graduate nurses, physiotherapists, occupational therapists, vocational and social workers, psychiatrist ...etc) successfully handled the responsibility afterwards.

We were working with the following ratio: one nurse to each patient, one physiotherapist to each 4 patients, one occupational therapist to each 10 patients, one social worker and vocational therapist to each 25 patients. Frankel classification was adopted at first and international standards for neurological classification of spinal cord injury afterwards.

Paralysis committee members (SCI rehabilitationists plus visiting consultants: internist, urologist, nephrologists, plastic surgeon, orthopaedic and neurosurgeon) held their regular monthly meeting in addition to their weekly visit according to time table of each. All operations were done in nearby military and civil general and specialized hospitals.

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Our results were similar of other spinal centres, especially incidence of urinary tract infection and complications, pressure sores conservative and surgical management, successful bladder and bowel rehabilitation, spasticity management, incidence of heterotopic ossification, ratio of tetraplegia: paraplegia, functional and ADL outcome, hospitalization time and incidence of post discharge complications.

Because of the two major wars (Iraqi Iranian and gulf wars and post war embargo and sanctions, the aetiology differed from other centres. During the last 13 years (1991-2003) a lot of difficulties, shortage of medicines, assistive devices and supplies faced us which made us obliged e.g. to resterilize gauze and catheters multi times. However we continued operating and a lot of scientific works and papers were presented in local, Arab and international conferences. Our weekly scientific programmes, annual training and refreshment courses for nurses, physio-occupational therapists also continued.

Clinical and theoretical post graduate training for 3 months per year since 1992 did not stop, as the hospital academically was linked to the College of Medicine of the Baghdad University.

Because of the sanctions, staff salaries were very low, ranged between 10-20\$/month. My last salary at the end of February 2003 was 40\$. But despite of all these, we all continued working, (centre afford 24 hrs. services, 3 shifts).

Another point is that we were deprived for 13 years from any modern technology, no journal or new book, no communication with the world, no internet communication, etc. We used through friends in neighbouring countries to copy the journals and new books to update our knowledge.

Neither the government, nor companies sponsored participation in any scientific activity outside Iraq, so we were financially unable to afford that, me myself very hardly could afford to do so once or twice a year from our own private resources. To be honest I was offered help by IMSOP and Swiss fund: full sponsorship for the 34th New Delhi meeting and exemption from registration fees of Sydney and Nottwil Meeting.

Prewar Arrangement

Thirteen shelters were digged in the gardens of the centre, the patients discharged home (85 inpatients) to protect them from further injuries, the buildings are of prefabricated type and we experienced a lot of injuries in gulf war from nearby bombing. The last patients discharged on March 19, 2003.

During war March 20 – April 8, 2003

The staff was divided into 2 groups, to stay and protect the centre on alternate day, a lot of shells penetrated the roof and pieces of false ceiling dropped and glasses burst from surrounding military ant rocket missiles, four members of the staff were injured.

We kept on like that until Tuesday afternoon, April 8, 2003, the situation worsened and troops reached few kilometres from the centre. So as we were military unit, we locked the centre at night and we went home (it was really a very hard journey to home) and we all arranged to come the next morning. On Wednesday April 9, 2003, it was the end of the war, all bridges and roads were closed and for 3 days none of us could reach the centre.

It is during this time when looting, firing and destruction of whole infrastructures happened including the hospitals. And our centre was among those subjected to looting and destruction but not fired, this was the first destruction and disaster.

1st disaster - April 12, 2003

Me myself and few colleagues hardly reached the centre, we introduced ourselves to American people in UN compound which are next-door neighbour to the centre, (the centre was encircled by US tanks and troops), being military hospital and military staff it was not an easy job for us to go to US marines and subject ourselves to such risk.

However because of our loyalty to this specialty and to this centre, we did not hesitate to do this. Our aim was just to see what happened to our centre.

For few hours we were under detention and questioning and then we were accompanied by US soldiers with their weapon behind us and allowed to get in the centre. With the first look we were not able to hold our tears, we cried: catastrophe. We returned home, the next day the visit was easier; our names were listed with these people at the centre gate.

At that difficult time, there was nothing, no government, no authority, no fund, we were left with (2) options only, either to leave everything just like the other military hospitals (which are no more hospitals) or to depend on ourselves and on private and personal capabilities in order to refunction it by any mean. I decided with the help of my colleagues to do our very best not to loose this specialty and we started on Sunday April 13, 2003, the rearrangement, cleaning, locking all the doors and hiring guards (spend from our own pockets) to protect it and prevent further looting. Through personal contacts to NGOs, like Care

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Int., Mercy Malaysia, ICRC, UAE Red Crescent Committee and others, we were able to open the 1st ward on May 19, 2003, and started receiving patients (newly injured from the last crisis, direct cross fire, cluster bombs, road traffic accidents etc.) and also to function our limb fitting workshop.

At the beginning we prepared food for the patients in our houses, then all the services like electricity, water, telephone, central air conditioning, laundry, kitchen, storages, supplies, medicines were arranged by the help of NGOs, we were able to function (4) wards (100) beds and the operation theatre. My ambition was to start after that the paediatric SCI unit, fertility clinic, neurophysiology unit, intensive care and acute care unit. Plus the electronic library, email and internet connection. Until that moment all this effort was personal and of NGO's (mainly Care Int.).

No authority here in the country has helped us, as being belonging to ministry of Defense, which has been cancelled.

2nd disaster - August 19, 2003 - Explosion of UN + destruction of almost all the centre

At the minute of explosion there were 73 SCIP + 50 of our on call staff and (8) resident flats (staff families). It was really a miracle no death was registered neither in the patients nor in the staff – apart from (8) patients and (3) from the staff got minor injuries, we evacuated these patients from under the ruins and from the windows and immediately transferred them to general hospitals and some of them home (from 16.30 – 24.00). The next day the catastrophe was more clear, again we were met with a new challenge, and again and with (10) days of hard work and totally depending on ourselves we started rearranging the most distant building in which the damage was partial, we arranged the false ceiling, the electricity and water supply with the help of Care international (operating the generator), we collected the equipment, beds and contacted these NGOs again who they planned to help us again.

Meanwhile I was able on August 29, 2003 to reopen a ward of (20) beds, the limb fitting centre with the physiotherapy, occupational therapy, the lab, the x-rays department, and the outpatients department. We arranged them to operate in a non stop way and should continue even with such difficult conditions. We collected our patients from general hospitals especially those who are unstable, with multiple pressure sores and those who need special care like high tetraplegics etc. The other patients who were stable, complication-free were managed as outpatients.

We continued working in this ward until December 3, 2003. At that time we were officially linked to MOH, Al-Yarmook medical Directorate and our staff started getting the first salaries after 8 months of working without any salary (apart from emergency payment), but despite that, they continued working and I was always encouraging them and I did my best to support them by funds I got by personal relation with local donor and NGOs (UAE, Red crescent committee).

On Oct. 27th Care International (80% of the project and Mercy Malaysia 20%) started demolishing the Centre. So that on Dec. 3rd we were no longer able to keep such ward. So I arranged with Al-Yarmook director general and I succeeded in getting a ward (30 beds) in the nearby Al-Kindi general hospital, where I shifted my patients and the rehabilitation team and they are still affording care to these patients, especially those with multiple pressure sores and other complications. We succeeded in bladder and bowel rehabilitation of few and a lot of plastic surgery done and at the moment looking after them around the clock but I can't tell that proper SCI rehabilitation program is adopted because nearly all the departments of physiotherapy, occupational therapy, urodynamics, etc. were damaged but still better than nothing and we didn't stop. Newly injured people (unstable security status, confrontation with coalition, explosions) are tremendously increasing and the waiting list became very big waiting the refuction of the centre.

Rebuilding is going on and is expected to finish at end of this month (April, 2004). Meanwhile I do not know what to do. MOH is not yet capable to reequip or fund and I am doing my best asking the help of the NGOs and I hope to succeed in that.

Conclusion

Despite of difficulties we faced during sanctions, during and immediately after last war (1st disaster), after the UN explosion (2nd disaster) and the current unstable security status of Iraq we do not give in or surrender.

Me myself during all this, I kept one thing in mind: to continue working, keep this specialty in IRAQ and to refuction it by any mean. Our guidelines are love and loyalty to this specialty, helping SCI patients with such life long disability who deserve this, and our beloved country **Iraq** deserves more.

We pray all the time asking **GOD** to enable us and give us the courage to make this specialty flourish again, updated and to introduce all modern assistive implantation technology especially after the success in building of 2 proper operation theatres and to invite ISCOS and other SCI societies meetings in the very near future.

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NEWS & SPECIAL HONOUR TO OUR MEMBERS

Luigi Tesio MD invited speaker to the Israeli Rehabilitation Day in MEDAX 2004

By Haim Ring MD

At the beginning of April, the Israeli Medical Association (IMA) had its annual multi-associations meeting in the Tel Aviv Centre of Congresses and Exhibitions. Unlike previous years where every association had its own meeting, this year the scientific program was thematic and the different associations and societies were grouped. During the first day the theme was Advanced Technologies (most of the big organizations grouped there (cardiology, neurology, etc.), the second day Rehabilitation Medicine was the main issue (adult and elderly), the third day was dedicated to Pediatrics. In this way the rehabilitation had its own day with full hall of physiatrists, geriatricians, neurologists, orthopedic surgeons, allied medical professions (OT, PT, SW, psychologists, nurses, speech-pathologists, etc), administrators, physiologists and others. Prof. Ring chaired the Rehabilitation Day on behalf of the IMA and opened the day with a lecture on "Trends in Rehabilitation Medicine" followed by the invited speaker Prof. Luigi Tesio from the Istituto Auxologico Italiano, Milano (Italy) that delivered two outstanding lectures on:

- **Bio-Medicine and the Rehabilitation Scientific Model: Rasch Measurement & Outcome Research, and**
- **Exercise for Neurological Rehabilitation: from pathophysiology to treatment**

Following the lectures a discussion developed where participants from almost all the professions spontaneously took part, besides direct questions to the lecturer. A detailed relevant bibliography was distributed to the participants. The day was completed with sessions dedicated to neurological rehabilitation (frontal damage, implicit explicit memory, fMRI in auditory perception and new approaches to the diagnosis and treatment of the neglect syndrome), Spinal cord rehabilitation (rehabilitation of terror victims, SCI damage of unknown origin, actigraph examination in SCI patients, quality of life among Israeli male paraplegics, CBF and breathing disorders in SCI, macrophages in acute SCI) and orthopedic rehabilitation (POP treatment in diabetic ulcers, Syme's amputation in diabetic patients, prevention of amputations and CBR). In the noon break the M. Goldin MD Award (a physiatrist terror victim himself) was given to the best presentation at the national meeting, held a few months before. The winner was Iuli Treger MD.

NEWS & VIEWS EDITORIAL BOARD

The ISPRM News & Views Editorial Board consists of:

Editors Nicolas Christodoulou chrisfam@logosnet.cy.net
 Werner Van Cleemputte isprm@medicongress.com

Co-editors John Melvin; Martin Grabois; Chang-il Park; Gulseren Akyuz; Naoichi Chino; Alessandro Giustini; Tarek S. Shafshak; Li Jianan; Mark Lissens; Anton Wicker; Sae-il Chun; Mohd Taslim Uddin; Gerold Stucki; William Peek; Peter Disler; Biering Sorensen; Haim Ring, Joel DeLisa, Mark Young, William Micheo

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

ISPRM BOARD MEETING DURING THE MEDITERRANEAN CONGRESS – PLEASE MARK YOUR AGENDA

First Meeting : September 30, afternoon

Second Meeting : October 2 (still to decide morning or afternoon)

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UPCOMING MEETINGS AND CONGRESSES



Congresses with the ISPRM logo in the left margin are endorsed by the ISPRM and offer reduced registration fees to ISPRM Members

- **5th World Congress on Brain Injury (IBIA)**, 23 – 26 May, 2004. Stockholm, Sweden, contact: braininjury@congreg.se.
- **SpineWeek 2004**, May 30 – June 05, 2004, Porto, Portugal – Combined meeting of the Leading Scientific Spine Societies being the **International Society for the Study of the Lumbar Spine – Spine Society of Europe - Soc. Ibero-latino-americano de Columna Vertebral – Cervical Spine Research Society – Brazilian Society for the Pathology of the Spine – Asia Pacific Orthopaedic Association, Spine Section** Visit www.medicongress.com
- **3rd International Shoulder Course 2004**, Villach, Austria, June 2nd-5th, www.shoulder.org



8th Congress of the European Federation for Research in Rehabilitation (EFRR) June 13-17, 2004, Ljubljana, Slovenia. Visit www.cd-cc.si/EFRR2004/ or contact: crt.marincek@mail.ir-rs.si

- **Annual Scientific Meeting of the Canadian Association of PM&R**, June 16 – 20, Charlottetown, PEI, Canada. Visit www.capmr.medical.org/agm2004.htm
- **Rehabilitation International Assembly and World Congress**, June 21-24 (date changed), 2004; Oslo, Norway. www.RI-Norway.no
- **Principles and Practice of Pain Medicine**, June 23-27, 2004, The Fairmont Copley Plaza Hotel, Boston, USA Visit www.med.harvard.edu/conted
- **5th World Stroke Congress**, June 23-26, 2004, Vancouver, Canada, Visit: www.kenes.com/stroke2004
- **Australian society for the Study of Brain Impairment & Int. Neuropsychological Society Annual Meeting**, July 7-10, Brisbane, Australia, www.tourhost.com.au/neuropsych - neuropsych@tourhost.com.au
- **Survival in the Rehab Jungle** July 28-30, 2004, Buffalo Niagara Marriott, Amherst NY, organisation: Uniform Data System for Medical Rehabilitation, www.udsmr.org or info@udsmr.org
- 11th World Congress of the **International Society for Prosthetics and Orthotics (ISPO)**, 1-6 August 2004 Hong Kong: ispo@pctourshk.com
- Conference for rehabilitation professionals **Connecting the Pieces for Success, August 21-23, 2003**. Buffalo Niagara Marriott, Amherst NY organised by Uniform Data System for Medical Rehabilitation Information: www.udsmr.org or info@udsmr.org

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- **Towards Global Partnerships: Working together for Effective Clinical Practice**, An international conference organised by the **International Journal of Therapy and Rehabilitation**, 25-27 August 2004, Corinthia San Gorg Hotel, Malta. Info: tania@markallengroup.com.
- **Rehabilitation in vascular diseases of central nervous system**; International Congress of the Polish Rehabilitation Society, September 1-4, 2004, Rzeszów (south-east Poland). Visit the Polish Rehabilitation Society site: www.ptreh.home.pl or the congress site: www.szpital2.rzeszow.pl.



International Course in Management of Disability and Rehabilitation, 20 Sept - 15 Oct, Utrecht, The Netherlands. The course is focusing to a large extent on policy and management issues of rehabilitation programmes in developing countries. There is a strong emphasis on community based rehabilitation. - ISPRM members benefit of a 20% reduction. www.enablement.nl and h.cornielje@enablement.nl

- 3rd World Congress of the **World Institute of Pain**, 22-25 September 2004, Barcelona, Spain info@clinicadeldolor.com or wipcongress@meet2.net
- 43rd Annual Scientific Meeting of the **ISCOS, International Spinal Cord Society and the Hellenic Society Physical Medicine and Rehabilitation**, 26-29 September 2004, Athens, Greece. Visit www.triaenatours.gr
- 19th Annual Congress of the **Soci t  Fran aise de M decine Physique et de R adaptation**, September 30 – October 2, 2004. Cit  de Sciences & de l'industrie, Paris, France. visit : sofmerparis2004@rth.ap-hop-paris.fr



For information see: www.medcongress.org

- 18th Congress of the **Mexican Society of PM&R**, 5 – 7 October, 2004 Chihuahua, Mexico – Visit <http://sociedadrehabilitacion.org.mx>
- 65th Annual Assembly of the **American Academy of Physical Medicine and Rehabilitation (AAPM&R)**, 07 – 10 October 2004, Phoenix, Arizona, USA- Visit www.aapr.org

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- 3rd. National Convention and scientific congress with International Participation of **the Bangladesh Association of Physical Medicine and Rehabilitation** (BAPMRCON2004), 5 - 6 October 2004, Hotel Sheraton, Dhaka, Bangladesh: Contact: Dr. Mohd Taslim Uddin: taslim@bdcom.com
- 5th **Interdisciplinary World Congress n Low Back & Pelvic Pain**, 10 – 13 November 2004, Melbourne, Australia – visit www.worldcongresslbp.com
- **XXI Congress of the Latino-American Association for Rehabilitation Medicine (AMLAR)**, 22 - 27 November 2004, hotel Radisson Plaza, Caracas, Venezuela. Visit www.svmfyr.com - English version soon available.



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

- 6th **World Congress on Brain Injury** – IBIA, in conjunction with the 13th Annual Meeting of the **Australasian Faculty of Rehabilitation Medicine (AFRM)**, 5 – 8 May 2005, Melbourne, Australia – www.icms.com.au/braininjury
- 11th **World Congress on Pain** (IASP), 21 – 26 August 2005, Sydney, Australia – www.iasp-pain.org
- 66th Annual Assembly of the AAPMR, 27 – 30 October 2005 Phoenix, USA – www.aapmr.org



4th ISPRM World Congress – October 8 - 12, 2007 in Seoul, Korea

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

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ISPRM 2005
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