INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – JUNE 2004

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57TH WORLD HEALTH ASSEMBLY AND 114TH EXECUTIVE BOARD MEETING.- ISPRM ACTIVITIES WITHIN THE WHO

By Gerold Stucki

I have attended the 57th World Health Assembly from May 20 to May 22 and the 114th Executive Board Meeting from May 24 to May 26 and there were a number of items relevant to ISPRM
1) Resolution on "Health promotion and healthy lifestyles"
2) Resolution on "Road safety and health"
3) Report of the Secretariat on "Disability, including management and rehabilitation"

Resolutions 1 and 2 and the report 3 are of potential interest to our members and I suggest, that they will be attached in one of the next newsletters as soon as they will be made available on the WHO home page www.who.int

Regarding 2) I have talked and stated in written to Dr. Margie Peden who is the responsible coordinator for the "Road safety and Health Initiative" the following: ISPRM would be highly interested to be actively involved in the "road safety and health" initiative e.g. by cooperating in the development of concepts for acute rehabilitation. The ICF Core Sets for the Acute Setting and Trauma (to be developed in cooperation with CAS and "road safety and health) could serve as tools for the acute to postacute rehabilitation management.

Regarding 3) I have had fruitful discussions with the acting technical officer for DAR, Dr. Federico Montero and his team members. There is likely to be a resolution regarding the (revised) report by the secretariat at the next World Health assembly in January. To support the DAR team and to put rehabilitation and disability on the agenda, I have made a statement in the name of ISPRM, which is attached. Based on consultations with Federico.

Regarding our cooperation with DAR, the following issues were discussed with Federico:
- ISPRM contribution to an expert panel on medical rehabilitation (ongoing, possibly modified)
- ISPRM contribution to a workshop on conceptual issues re disability, patients with disabilities and rehabilitation
- Involvement of DAR in the ICF Core Set project.
- Involvement of DAR at the ISPRM in Sao Paolo: it is suggested that Linamara talks to Federico, who would be willing to come with 2 people from WHO in Geneva and possibly a representant from the regional office. It would be important to have a clear goal to convince Federico to come to Sao Paolo. They would be able to cover for their costs themselves. On possibility would be a workshop on the tension created by the medical and the social model and how to overcome them (including a discussion on the ICF in view of both perspectives). E.g. not all people with a limitation of functioning due to a condition are or are considering themselves as disabled and hence a person with disability. It is suggested that disability can be seen as a social phenomena and an issue of rehabilitation. This could be discussed in Sao Paolo.

Currently, the position of coordinator at DAR (a P5 position) is open. I heard, that there will be many applications. Obviously, Federico will be an excellent candidate for the post. Other ISPRM members may be interested as well. The post description can be found at the WHO home page www.who.int.

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114TH WHO EXECUTIVE BOARD SESSION, ISPRM STATEMENT

By Gerold Stucki

Agenda item 4.2 (Doc. EB 114/4):

Disability, including management and rehabilitation

Mr Chairman,

The International Society of Physical and Rehabilitation Medicine (ISPRM) is pleased to have the opportunity to comment on the Agenda item 4.2 (Doc. EB 114/4).

We would like to express our appreciation of the work carried out by WHO in the Disability and Rehabilitation area and we welcome and strongly support the report by the secretariat.

The tabling of this agenda item provides us with the opportunity to underscore the public health importance of disability and rehabilitation.

As pointed out in the report, the number of people with disability is enormous and increasing every day. Disability is both an issue in communicable and noncommunicable diseases. People with disability are in need of medical services, rehabilitation services and support services. Medical services need to be adjusted to the needs of people with disability. E.g. in the case of an injury or an acute illness, provision of acute rehabilitation can prevent further disability.

It is important to note that rehabilitation and support services are also frequently and increasingly required for people with acute or chronic conditions and consequent limitations in functioning. Rehabilitation and support services can be highly effective in the prevention of disability and therefore save health care costs.

We strongly support that WHO takes a more proactive role in disability and rehabilitation.

Prof. Gerold Stucki, MD, MS

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REHABILITATION IN CUBA - PAST, PRESENT, AND FUTURE - MAY 2004

By Jorge E. Martin Cordero
President of the Cuban Society of Physical Medicine and Rehabilitation
Chairman, Department of Physical Therapy, Surgical Medical Research Center, Havana, Cuba
Edited by Alberto Esquenazi - modified the submission for space and editorial purposes**.**

This is a summary of the activities and more outstanding facts that form the history of PM&R and the care that we have been able to provide to individuals with disabilities in Cuba.

Prior to 1959, the laws and constitution that governed Cuba from the days of the colonization until the end of the Spanish dominance, in general did not offer any special or specific attention or consideration for individuals with disabilities.

Specific actions for the care of the disabled were provided through the good deeds and kindness of the healthcare professionals of the time as first documented in writings from the XIX century.

A number of publications of the time are known. The first one being published in 1835 was the Medical Reporter of the Havana. This publication had a series of articles on the application of gymnastics as a form of intervention to address illnesses, impairments, and paralysis. In 1947, Dr. Nicolas Gutierrez performed the first Achilles tendon lengthening in Cuba after he returned from an instructional trip to Paris that same year. He also introduced to Cuba the idea of using plaster of Paris dressings for the treatment of fractures and other bony deformities. Ten years later he began building mechanical legs and hands for individuals with limb amputation.

Dr. Enrique Port is considered the founder of the orthopaedic specialty in Cuba. He contributed actively in the organization of the first physical culture class and was also a pioneer in the treatment of the deformities caused by paralytic polio, cerebral palsy, and stroke. Other outstanding professions of this period include Dr. Alberto Inclan who in 1920 founded the orthopaedic service at the Emergency Hospital; in 1925 he founded the Society of Orthopaedics and Traumatology, which was one of the very first scientific societies focused on the attention of individuals with disabilities.

Personalities of science and medicine gathered the attention of the authorities in an effort to make treatments available for individuals with disabilities and to change the perspective on them so that they were not considered a nuisance or a social load. They stressed the importance of providing necessary resources, medical care, and social support for this population.

In the first half of the 20th Century, different institutions and organizations were created with the intention of providing medical care to the disabled.

After their initial success, the institutions had no significant economic resources at their disposal and for this reason depended almost exclusively on charities. Due to these factors, four of these institutions had limited effectiveness until the victory of the Cuban Revolution in 1959.

During this period, the problems affecting the disabled population did not have the attention or were the object of the effective action by the government. At that time national health indicators revealed an infant mortality of 60 per 1000 births and life expectancy was only 55 years.

Between 1959 and 1992, rights, duties, and fundamental covenants of title were assigned in the text of the Universal Declaration of the Human Rights and in the Declaration of Rights of the People with Disabilities, which were included as part of the Cuban constitution. What has been achieved today has been possible due to the effective participation of all organizations, institutions, and with help from international agencies who have contributed graciously to the rights of the Cuban people.

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In 1982, the program of the Cuban government for Action of People with Disabilities was pronounced and with this, free, universal access to medical care was made available to all disabled individuals, elevating their quality of life and allowing them participation in organized rehabilitation program as well as maternal child attention programs and as part of this program, the development of specialized schools as an extension of the rehabilitation care was implemented. In Cuba the disabled are entitled to free medical care available in 266 hospitals, 11 institutes, 418 community healthcare centers, 163 dental clinics, and 214 medical posts. There are available to them also 152 maternal homes and 24 homes for the physically mentally handicapped.

By 1992, the activities had been completed and these allowed the creation of relationships with various associations for the handicapped, the most importance being the Cuban Association for the Blind, the Cuban Association for the Deaf, and the Cuban Association for Individuals with Limited Physical Motor Function.

A bigger achievement during this time was the development of specialized programs covering all of the communities and reaching throughout Cuba. This program allowed the screening of the population, including all disabled individuals and developed steps to diminish the incidence as well as the social impact of disability.

Many other medical programs were successful in achieving countrywide vaccination with the eradication of a number of infectious diseases, such as poliomyelitis, diphtheria, and typhoid fever. Community wide diagnostic programs had diminished the rate of congenital defects, including cardiovascular malformations, spina bifida, Downs syndrome, and sickle cell anemia.

The period between 1992 and 2002.
The development of public health since 1959 has been limited significantly by the commercial blockade imposed by North America, which has impeded the systematic access to their markets and even access to other international resources for the acquisition of medication, equipment, and new technologies. This worsened with the fall of the socialist block in the beginning of the 1990's, which provided up to 80 % of Cuba's resources.

This combination of factors had severe negative impact on the national economy and in the public healthcare sphere.

With great efforts, the country has been able to procure the necessary technology to maintain the quality of medical services and improve healthcare indicators, such as infant mortality and life expectancy. These are now equal or better than many of the highly developed countries.

During all of this time we have looked for alternative solutions to avoid having to close down our services. Larger institutions have fared better than those in more rural areas. In spite of the difficulties, we have not only achieved a maintenance program, but also in fact enlarged and remodelled the Julio Diaz National Center of Rehabilitation with culmination of this work in 1996. This resulted in a state of the art institution that has 410 beds for inpatient care that are at the level of any other centers around the world. This has also allowed us to continue development of our professionals and attracting several scientific meetings, at the regional and international levels. This included the First Congress of the Cuban Society of Physical Medicine and Rehabilitation, which concomitantly hosted the AMLAR in 1999. The second Congress of the Cuban Society of Physical Medicine and Rehabilitation in 2002, organized under the direction of Professor Eulogio Montoya Guilbert, Director of the National Center for Rehabilitation until his resent retirement. Without any doubt, these scientific activities have contributed to maintain a level of professional training that has resulted in better attention to the people of Cuba.

The period between 2002 and 2004.
Progressive recovery of the economy and the improvement of technical scientific development as well as the political will of having a system of health equal to that of the first world was implemented. The development of intensive medicine, the biggest improvement in the healthcare measures, including the elevation of life expectancy, were all factors that contributed to the improvement of care for the people of Cuba.

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Beginning in 2002, the remodelling of physiotherapy rooms and the construction of new ones with the objective of offering multispecialty integrated care to individuals with disabilities.

The process was carried out under the implementation of a new concept of integrated rehabilitation services without equal in the world. The new services have characteristic essence, which includes:

- Sharing of common space within specialties that routinely did not work together in the past. Physical medicine and rehabilitation, natural and traditional medicine, speech pathology, podology, occupational therapy, and nutritional counselling also to be integrated within psychology and social work. This combination guarantees and integral attention to the individual with physical disabilities.
- For each one of these working groups, appropriate material and resources will guarantee service of high quality.
- Human resources maximum professional level.
- To reach the total population within the country.

We have at this time scientific and social information that constitute the starting point for the studies of disabilities in Cuba. Today we know the number of patients, the disability types, and their distribution by county, by sex, by age, and other important pieces of information.

People with disability in Cuba, according to this study, have an incidence of 2.23 for each 100 inhabitants (2003 data).

Disability due to mental retardation	38.29 %
Disability due to physical motor impairment	25.20 %
Visual disability	12.66 %
Mental disability	10.05 %
Auditory disability	6.44 %
Disability for IRC	0.50 %
Mixed disability	6.84 %

Of the disabled total population, 2.58 are caused in the perinatal period and 14% in the growth period where 68% are in the postnatal period.

According to functional evaluation, 36.6% of individuals with disabilities are self-sufficient, 46% require assistance and 17.2% are totally dependent for activities of daily life.

Another interesting piece of information from this study is that 77.9% of individuals are working, incorporated in regular work duties, 9.8% are in protected workshops and 12.25% are totally disabled. When comparing this data with data from other third world countries, they clearly indicate the improvements of the care of individuals within our country.

There is still a need to adjust the process of human resource formation, which has gradually improved since the implementation of a degree in technology of health in the areas of physical therapy, started in November of 2002. Twenty-one new areas of technology of rehabilitation are in development, including the implementation of postgraduate courses to upgrade the knowledge of those individuals who have been practicing for some time.

A graduate program in rehabilitation topics was revised to a Master's program with overall improvement of the specialty. We have a web page supplemental program, which is considered to be one of the most outstanding public health learning programs in Cuba. We have also developed a book on physical medicine and rehabilitation, written by national authors.

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The future
Continued improvement of our information and research, understanding the needs of our patients, and the development of new training graduate programs to provide development in the areas of rehabilitation with graduates, masters, and doctorate programs are specific goals for the future.

It is our intent to develop exchanges with scientists and academicians through out the world, we know that international exchange will improve in a significant way the level of knowledge. We continue to pursue our participation in international scientific organizations is a goal. Continued visiting lectureships from foreign specialists are of great value to us in extending our knowledge and we will continue to be grateful of such visits. One more aspiration of our country is to have the honor of continued participation in regional events and we hope to have the possibility of hosting an international event in rehabilitation here in Cuba.

ISPRM WEBSITE

As ISPRM is growing and wants to offer more information to its members we will rebuild the website completely in the upcoming weeks. This will unfortunately result in the fact that the website will need to go down for approx two weeks at the beginning of August. So when you come back from your summer holidays the ISPRM website will have a complete new look.

ISPRM WORLD CONGRESS BRAZIL

The updated and extended website of the ISPRM World Congress in Brazil will be on line by approx June 20. You can make your registrations through **www.isprm.org/brazil**

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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, 14.00 hrs
Second Meeting : October 2, 14.00 hrs

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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

- **Rehabilitation International Assembly and World Congress**, June 21-24 (date changed), 2004; Oslo, Norway. www.RI-Norway.no

- Annual Meeting of the Puerto Rico Physical Medicine and Rehabilitation Section, June 24-27, 2004 Ponce, Puerto Rico. Contact Dr. Keryl Mota phone: 787-553-1653 or email nicolasa@coqui.net

- **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

- **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

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- 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 **Société Française de Médecine Physique et de Réadaptation**, September 30 – October 2, 2004. Cité 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.aaprmr.org

- 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

- **National conference of the Costa Rica Society on Physical Medicine and** Rehabilitation, 10 – 12 November 2004. Contact: minigenio@costarricense.cr

- **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.

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

- 6th **World Congress on Brain Injury** – IBIA, in conjunction with the 13th Annual Meeting of the **Australasion 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

Please feel free to announce your upcoming congresses in this agenda by sending an email with all relevant information to the Central Office

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