THE END OF A TERM:
SOME THOUGHTS ON THE PAST AND THE FUTURE
By Haim Ring MD, ISPRM President

As we approach the end of the term 2002-2004 one cannot avoid thinking on so many things that happened during the term and draw some practical conclusions that are, in a way, a legacy for those stepping up.

The past term in the time perspective
A detailed account of the achievements was made in the editorial of the July-August issue of News and Views and I would refer people there, if they didn’t read it before.

My intention was to show that notwithstanding some issues no doubt to be corrected in the future, a lot of good things were done, mainly but not only by highly motivated individuals, with some help and some prompting, but properly and timely done.

The way was not a garden of roses. The organization – ISPRM - as such started in 1999 with the merger of IRMA and IFPMR, the two mother organizations, each one with its own tradition and problems. By the time of the merger, the future of the international rehabilitation was unclear but we were full of hope.

In the time perspective, both the previous term under the able guidance of John Melvin and ours, were transitional ones. Many things had to be clarified and determined, while the new organization inherited some characteristics from the old ones and, by the way, little material assets.

What is the meaning of being an ISPRM officer?
One of the most salient points to be clarified is on the significance of bearing a position in the organization. Apparently, as one of the characteristics of the past, many thought it is mainly an honorary position with little ‘hands on’ practice.

However, by now, a basic logistic infrastructure exists and much of the outcomes relay on officers input. The lack of uniformity in the efforts induced a situation whereby we had in our term very good achievements in some aspects of the work and much less in others. Giving opinion or critics is not a surrogate for getting the work done.

It is hoped that the general understanding will be an appointment is a commitment to the organization, and not a great honor only. This is, to my mind, the key for success.

I am sure by joint efforts the organization will continue to improve and grow. The solution must come from all the components – individual and national – working together, facing the problems and solving them as we do in our daily clinical work.

Why international rehabilitation medicine?
Some colleagues may wonder why do we need an international organization, why to trouble. As described in the invited editorial for the American Journal of Physical Medicine and Rehabilitation September issue*, besides the fact the ISPRM represents the profession in the WHO and other organizations, we said our mission reflects in two main realms (shortened version here):
a) To improve the level of quality of rehabilitation care in countries with fewer resources by:

1) Transfer of knowledge in everyday clinical practice for common or uncommon conditions.
2) Exchange expertise on "marketing" PM&R to decision makers, purchasers and public, to increase the awareness of the scope of the profession.
3) Help in creating models of rehabilitation systems (community, continuum of care).
4) Exchange programs - residents, teachers and researchers, for teaching skills and practice.
5) Sponsoring and coaching WHO community programs, training rehabilitation workers, empowerment of the disabled, etc.
6) Uniform, standard, international PM&R curriculum (as initiated by the ABPMR).
7) Helping develop the curricular academic programs for allied medical professions such as occupational therapy, physiotherapy, etc.
8) Coaching the introduction of technologies into rehabilitation (R&D, clinical applications).
9) Helping in the financing by international agencies, HMOs, private agencies or governments of special programs such as for landmine victims, rehabilitation of mass disasters, etc.

b) ISPRM membership entitles physicians to become part of international initiatives such as

1) Conducting humanitarian missions such as rehabilitation aid after earthquakes as done by Israeli and American colleagues in the big Turkish earthquake in August 1999.
2) Participation in Prevention Programs like the WHO Brain Trauma prevention program (active participation of ISPRM colleagues from different parts of the world).
3) Participation in International Data Core Set programs (such as Spinal Cord Injury).
4) Participating in the development of international classifications such as the WHO classification of function (ICF-ICIDH-2) Physiatrists from all over the world are engaged in this initiative through the ISPRM regional vice-presidents.

I hope this will help some colleagues who hesitate on whether to get involved, to join the ISPRM and become active. I would like to end up by quoting a poem by Alexander Pope (1688-1744), Windsor Forest 13, that served as introduction to the AJPMR editorial:

Not chaos-like, together crushed and bruised,
But, as the world harmoniously confused:
Where order in variety we see,
And where, though all things differ, all agree.

All the best for the next term!

COLLABORATION BETWEEN THE ISPRM AND THE ASOCIACION MEDICA LATINOAMERICANA DE REHABILITACION (AMLAR)

On the occasion of the XX\textsuperscript{th} Congress of Asociacion Medica Latinoamericana de Rehabilitacion (AMLAR) which took place in the City of Panama (Panama) between 24-28 November of the year 2003,

The International Society of Physical and Rehabilitation Medicine (ISPRM) and the Asociacion Medica Latinoamericana de Rehabilitacion (AMLAR), expressed their intention to create a framework of cooperation between the organizations with the following aims:

1) To bring closer and integrate AMLAR members to the realm of the international rehabilitation and its activities in the different aspects;

2) To initiate educational activities for the benefit and the growth of new generations of professionals in rehabilitation medicine;

3) To stimulate exchange of experts between the different countries with the aim of learning and developing integrative plans of rehabilitation, specially community based rehabilitation;

4) Support the rehabilitation systems in the continent in their position towards governments and national and international state organizations, with the aim of strengthening the rehabilitation systems through legislation, decisions, etc.

5) Original document in Spanish signed by

Prof. Haim Ring 
ISPRM

Dra. Marta Roa 
AMLAR

This document will be submitted to the ISPRM Board during the upcoming meeting in September for approval

AGREEMENT ON COLLABORATION BETWEEN THE ISPRM AND THE PAN AMERICAN HEALTH ORGANIZATION/WORLD HEALTH ORGANIZATION (PAHO)

The ISPRM and the PAHO institutions coincide in their interest in promoting a collaboration policy to conduct research projects and provide technical assistance, human resources education, and other technical cooperation activities, especially those designed to bring about greater social integration of people with disabilities.

Their intent to establish a Framework Agreement on Collaboration between the two institutions aimed at systematizing the exchange of technical support and collaboration in joint activities, which will result in greater effectiveness in meeting their respective objectives

The full document will be soon available on our website www.isprm.org
FLOOD IN BANGLADESH AND THE PM&R ACTIVITIES

Dr. Mohd. Taslim Uddin

Bangladesh, a small country with 135 million population situated in the South East Asia. The monsoon rain and upsurge of the rivers resulted the recent worst flood. The flood has so far left 48 districts submerged, including the Capital City that affected 35 million people and damaged their crops. The commercial districts including Motijheel and Gulshan have gone under water. Low-lying areas around the city are mostly affected and that has begun inundate more new areas. Communications of the affected areas remained snapped as water flowed 2 feet above the main roads. The sufferings of the people have reached an extreme level because of the prolonged flood. As the flood situation has taken a serious turn, the worst hit section of the poor people, especially the helpless women, children and the elderly, have been exposed to scarcity of food, shelter, drinking water and medicine. The disease control room of the Health Directorate informed that diarrhea and other water borne diseases also broke out as an epidemic in almost all the affected districts.

The government is working hard to stand by the affected people. Other non-government organizations, social organizations and some individuals have also been turned out. The standing members of the Bangladesh Association of Physical Medicine and Rehabilitation in response donated BD Tk 50,000/- to the central relief fund. We have visited some affected areas, distributed dry food and clothes to affected people. Our members organized medical teams and offered emergency services to the worst hit areas. The Executive committee in an emergency meeting decided to enforce the medical teams so to continue medical and relief services, covering the disabled people as well.

WHO PROJECT: GUIDELINES FOR ESSENTIAL TRAUMA CARE

By John Melvin

A subcommittee of our WHO Liaison Committee (John Melvin, Chair, Zeev Groswasser, Matilde Sposito, Meigen Liu) provided input into the WHO project and publication on Guidelines for Essential Trauma Care. This resulted in an official publication that will be easily accessed through the WHO Website (www.who.org) as well as in a published form

World Health Organization
2004, x + 93 pages (English)
ISBN 92 4 154640 9
Swiss francs 24.---/US $21.60
In developing countries: Swiss francs 16.80
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For information: publications@who.int or bookorders@who.int
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REQUEST FROM A COLLEAGUE

By Lefkos Aftonomos, M.D., Medical Director, Rehabilitation, Mills-Peninsula Health Services, 100 S. San Mateo Drive
San Mateo, CA 94401 - Phone 650.696.4300 - Fax 650.696.4984 – Email AftonoL@sutterhealth.org

I have been invited to organize or present a day long seminar on rehabilitation in the town of Jagna in Bohol province in the Philippines. This invitation comes by way of a local philanthropic organization whose purpose is to provide medical equipment, pharmaceuticals and support to rural areas in the Philippines. Jagna is a town of extremely limited medical resources and the target audience would be local health care professionals, primarily Physicians and Nurses.

I am a practicing, board certified physiatrist, with 20 years of experience with a wide range of rehabilitation areas including neurologic, musculoskeletal and pain. I do not have experience, however, in what information would be useful to a health care provider practicing in these rural, underserved areas.

I would appreciate your feedback and resources as to what practical and useful information I could provide with respect to rehabilitation issues, given the very limited medical resources available in these areas.
ISPRM AT THE ANNUAL ASSEMBLY OF THE AMERICAN ACADEMY
ISPRM will have a booth in the exhibition of the upcoming 65th Annual Assembly of the American Academy of Physical Medicine and Rehabilitation (AAPM&R), taking place 07-10 October next in Phoenix, Arizona – see www.aapmr.org
The booth will be manned by Tom Haig, our newly appointed web designer and he would appreciate meeting all our members over there. So please pay a visit to Tom (brother of our ISPRM Board member Andrew Haig).

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. Any information you would like to be published on our new website is welcome.
We also encourage our National Society members to forward us their exact website addresses so that we can make the links. Also any other information on links in the field of PM&R is welcome and can be sent to the Central Office (see below).

IN MEMORIAM
It is with deep sadness that we announce that Dr Guy Wanet is no longer with us. Without any doubt we will miss Guy at our upcoming ISPRM Board Meetings in Antalya.
Guy was the representative of the Belgian Society of Physical Medicine and Rehabilitation (French speaking section) within the ISPRM Board of Governors.
Guy was a permanent defender of our profession and activities on a National, European and international level and therefore was also present at all ISPRM Board Meetings since the foundation of our society.
He was a man we all liked because of his positive attitude and his attention for everybody. We offer our condolences to his family.

NEWS & VIEWS EDITORIAL BOARD
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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, 14.00 hrs  Lara Hall of the DEDEMAN Congress Hotel
Second Meeting : October 2, 14.00 hrs  Lara Hall of the DEDEMAN Congress Hotel
PLEASE NOTE THAT ONLY MEMBERS AND NATIONAL SOCIETIES IN GOOD STANDING WILL HAVE ACCESS & VOTING RIGHTS FOR THE BOARD MEETINGS
UPCOMING MEETINGS AND CONGRESSES

- **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](http://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](mailto:info@clinicadeldolor.com) or [wipcongress@meet2.net](mailto:wipcongress@meet2.net)


- **3rd Joint Congress for Neurorehabilitation & 1st Regional Meeting of the World Forum for Neurological Rehabilitation (WFNR)**, September 30 - October 2, 2004, Zurich, Switzerland, visit: [www.neuroplasticity.ch/wfnr](http://www.neuroplasticity.ch/wfnr)


- **Fourth International Symposium on Spondyloarthropathies**, October 7-9, 2004, Gent, Belgium; visit [www.medcongress.com](http://www.medcongress.com)

For information see: [www.medcongress.org](http://www.medcongress.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

Pain Management for Non-Pain Specialists, October 9-10, 2004, Sea Crest Oceanfront Resort & Conference Center, Old Silver, Beach on Cape Cod, North Falmouth, MA. Visit www.med.harvard.edu/conted

5th National Congress of the Romanian Society of Physical and Rehabilitation Medicine, 13 October 2004, Bucharest, Romania, contact Mihai Berteceanu at mbert@fx.ro

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


Meeting of the Biofeedback Foundation of Europe (BFE), February 22-26, 2005 Hasselt (Belgium), visit www.bfe.org

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


Principles and Practice of Pain Medicine, June 22-26, 2005, The Fairmont Copley Plaza Hotel, Boston Visit: www.med.harvard.edu/conted


4th World Congress of Neurorehabilitation, Hong Kong, 12-16 February 2006, visit www.wcnr2006.com
Please feel free to announce your upcoming congresses in this agenda by sending an email with all relevant information to the Central Office.

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