



INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – NOVEMBER 2003

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PAN AMERICAN HEALTH ORGANIZATION 44TH DIRECTING COUNCIL AND 55TH SESSION OF THE REGIONAL COMMITTEE.

By Herman J. Flax, M.D.

Health Ministers from all the countries in the Americas met in Washington, DC USA from September 22-26, 2003 for the annual meeting of the Directing Council, the policy-setting governing body of the Pan American Health Organization (PAHO). It meets annually to set health policies and receive new reports on the state of health in the Americas.

The main agenda items for the Council included a report on the health in the Americans, sustaining immunization programs and the eliminations of Rubella, preparations for the influenza pandemic, dengue, the impact of violence on health, integrated management of childhood illness and the Millennium Developmental Goals, and other topics.

PAHO also serves as the Regional Office for the Americas of the World Health Organization and has been working for more than 100 years with all the countries of the Americas to improve the health and raise the living standards of their peoples. Established in 1902, PAHO member states include all 35 countries in the Americas. France, the Kingdom of the Netherlands, and the United Kingdom of Great Britain and Northern Ireland are participating States, and Spain and Portugal are Observer States. Puerto Rico is an Associate Member.

Dr. Mirta Roses Periago, Director of PAHO, presented the following findings in her opening report:

- 1) From the period 1950-1955 to 1955-2000, the median life expectancy at birth in the Americas increased from 55.2 years to 72.9 years. Overall, the life expectancy gap between rich countries and poor ones narrowed during the last half-century. However, that was not the case everywhere. The inequity gap actually widened for Haiti, even though the life expectancy at birth there increased from 39.6 years to 52.0 years during that time.
- 2) The median rate for infant mortality dropped from 42.5 per 1,000 live births in the early 1980's to 32.0 in the late 1990's. However, the gap between the countries with the best infant mortality rates and those with the worst ones remained virtually unchanged.
- 3) Overall, these findings, point to the need for international cooperation and political commitment to confront a double challenge: continue to pursue decreases in the average health risk, and specifically support the definition and implementation of health strategies that have inequality reduction as a clear target.

Toward that end, PAHO has a millennium health initiative that sets targets for improvements in health conditions by 2015 and beyond that addresses a set of broader issues that have a bearing on health: reducing poverty, improving health and education and protecting the environment.

PAHO formed its initiative under the Millennium Development Goals established by the United Nations to achieve a broad range of reforms and advances worldwide by 2025.

For health in the Americas, this translates into a set of three goals for PAHO:

1. To improve circumstances for the most challenged areas and population of the Region so all will enjoy health conditions that are not below what is considered average for the Region as a whole;
2. To preserve gains made in public health over the last quarter century;
3. To meet new challenges posed by circumstances as diverse as the emergencies of new diseases to the threats of international terrorism.

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Experts of the Pan American Health Organization cautioned against being complacent regarding critical communicable diseases and their spread to the Americas. In some regions there has been a dramatic increase in the cases of dengue fever and in the threat of outbreaks of urban-based yellow fever. The experts also predicted that the West Nile Virus, up to now present mostly in North America and some Caribbean areas has begun to spread southward in the Americas.

The experts said that to be prepared to deal with new outbreaks of SARS (Severe Acute Respiratory Syndrome) is not only a matter of health care but also an economic and financial issue. The emergence of this new disease in Hong Kong cost that Chinese's dependency \$7 billion, or about 4 percent of its Gross National Product.

The Americas is among the low-risk regions of the world, but its influenza-or flu-surveillance system could be used as a model to deal with or prevent new outbreaks of SARS.

As for West Nile Virus (WNV), there have been 4,578 cases in the United States since the first outbreaks of this epidemic in 1999. Over the past two years, there have also been reports of cases of WNV in the Cayman Islands, Mexico, Jamaica and the Dominican Republic. In addition, there was one suspicious case in the Bahamas.

The PAHO experts noted that the international public community has learned the following from the SARS outbreak:

1. In the world today, an infectious disease in one country is a threat to all.
2. Experts in laboratory, epidemiology and patient care can work together for the public health good despite heavy pressure to work separately.
3. Emerging infectious disease often have an unnecessary negative economic impact on tourism, trade and travel.
4. Infectious disease outbreaks reveal weaknesses in public health structure.
5. Emerging infections can be controlled with high-level government commitment and international collaboration if necessary.

Jungle yellow fever outbreaks this year were noted in Bolivia, Brazil, Peru, and the border of Columbia and Venezuela, totalling about 200 cases. To halt the spread of yellow fever, the experts cited prevention strategies from a PAHO technical advisory group that include vaccinations of all residents in enzootic areas, immunization of all travelers to those areas, and control of the *Aedes Aegypti* mosquito to prevent transmission of urban yellow fever.

For more information about the 44th Directing Council and 55th Session of the Regional Committee for the Pan American Health Organization held in Washington D.C., USA 22-26 September 2003, please contact Dr. Mirta Roses Periago, Director of the Pan Americas Health Organization, 525 23rd Street, N.W., Washington, D.C. 20036, Telephone 202-974-3332, e-mail:director@paho.com

THE PROBLEM OF SPASTICITY AND ITS MANAGEMENT IN THE PRACTICE OF PHYSICAL & REHABILITATION MEDICINE; THE EGYPTIAN EXPERIENCE.

By Tarek S. Shafshak,

Professor in the Department of Physical Medicine, Rheumatology and Rehabilitation,
Faculty of Medicine, Alexandria University, Alexandria, Egypt.

Spasticity may represent a major problem for patients as it could alter postural control and/or interfere with voluntary purposeful movement. It also alters the force and speed of movement. Sometimes, spasticity limits joints range of motion and may produce joint deformity; and thus, predisposes to the development of contractures and joint stiffness. Furthermore, spasticity may induce attacks of involuntary movement and/or spasm which might be painful. On the other hand, spasticity could be of advantage in supporting joints. For example, the quadriceps femoris spasticity supports the knee joint and may prevent knee flexion during walking in hemiplegic patients.

There are many methods for treating spasticity including the use of systemic drugs e.g. muscle relaxants, physical therapy (e.g. local heat, cold or electrical stimulation), EMG biofeedback, positioning and casting, peripheral nerve block, botulinum toxin injection and some surgical procedures (e.g. neurectomy, rhizotomy and tenotomy).

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The usual protocol adopted by the author for managing spasticity in Alexandria, Egypt, could be summarized as follows:

- 1) The patient evaluation: Determination of factors that aggravate spasticity; besides assessment and recording of motor performance, active and passive joint range of motion (by goniometry), muscle power, the degree of spasticity (by the modified Ashworth scale) and the presence of muscle contracture are first performed.
- 2) Identification of the role of spasticity in limiting functional performance: Treatment should be directed only to the spastic muscles that interfere with proper function.
- 3) The decision for regional or systemic treatment: If spasticity is localized, or if it is generalized, but only a small group of the spastic muscles is interfering with functional performance; then regional treatment should be considered. However, if spasticity is generalized and many groups of spastic muscles are interfering with functional performance, then systemic treatment should be the line of choice. Sometimes, systemic treatment reduces generalized spasticity in most of the spastic muscles, but only few muscles remain spastic and interfere with some activities (while the patient is under systemic treatment for spasticity); thus additional regional treatment should be given to these muscles.
- 4) The most common methods for regional treatment in Egypt: They are phenol neurolysis and botulinum toxin (Botox) injection. In phenol neurolysis, the author injects the motor nerve branches of the spastic muscle proximal to the motor point of the muscle with few ml of 5% phenol solution using a Teflon coated injection needle connected to a nerve block stimulator. Care should be done to prevent side effects by avoiding phenol injection close to blood vessels and sensory nerves. Phenol neurolysis has been effective in reducing spasticity of the lower limb muscles and proximal muscles of the upper limb. Botox injection is effective, but expensive compared to the standard of living in Egypt. Therefore, we use it mainly for spasticity of the forearm and hand muscles in the adult population (if hand function has to be maintained) and frequently in children (where the required dose of Botox is small, thus the cost is relatively less expensive). However, phenol neurolysis has been successful in treating the adductor longus, gastrocnemius, soleus, pectoralis major, biceps brachii and brachialis spasticity in many children at low cost. Besides, Botox is used for treating spasticity of any muscle in the adult population or children when phenol neurolysis fails to reduce spasticity or when localization of the motor branches of the spastic muscles is difficult as in treating the subscapularis or the hamstring muscles spasticity. Sometimes, both phenol neurolysis and Botox are used in the same patient for treating different muscles.
- 5) The currently used systemic treatment in Egypt: Tizanidine (sirdalud) and baclofen are frequently prescribed. They are cheap, but have little side effects e.g. nausea, drowsiness and dizziness. They sometimes interfere with the patient's ability to follow instructions during the rehabilitation process. For this reason we increase the dose gradually. Intrathecal baclofen is rarely used in paraparesis because it is expensive. Diazepam is less frequently used in Egypt as it has many side effects including drug dependence and usually clouds the patient's level of consciousness. Thus, it interferes with the patient's proper participation in the rehabilitation program (which includes exercise, occupational and speech therapy). Dantrolene is rarely used because of its possible sedative effect and hepatic toxicity.
- 6) The use of other methods: Local heat, cold or tetanizing currents can be applied to the spastic muscle to relax it. Also, the use of electrical stimulation of the antagonist muscles to relax the spastic muscles via reciprocal inhibition; or the use of transcutaneous electrical stimulation to stimulate dermatomal areas of the same spinal cord levels as the selected spastic muscle group sometimes is used. However, the effect of these modalities is temporary (it lasts for few hours). Therefore, it is mainly used prior to exercise therapy to produce temporary muscle relaxation during the physiotherapy session. These physical modalities are used mainly for spasticity of elbow flexors, fingers flexors, hamstring or calf muscles. Positioning, stretching and casting or splinting are used essentially to treat any associated contracture. Besides, they are used also to prevent the development of contracture and/or joint stiffness in patients with spasticity. Obturator neurectomy is used to treat severe hip adductor spasm (preferably after recurrence of hip adductor spasm following successful phenol neurolysis of the obturator nerve). Tenotomy, tendon transfer and/or tendon elongation may be performed in selected patients to treat severe spasticity especially if accompanied by contracture. Most of these reconstructive surgical procedures are used in treating equinus deformity of the foot (elongation of tendoachilis by different methods with or without ankle arthrodesis), knee flexion deformity (hamstring tendons elongation or tendon transfer), severe finger flexor spasticity (fractional lengthening of flexor tendons, muscle sliding or occasionally carpectomy) and hip adductor spasm (tenotomy or neurectomy).

In spite of the availability of various methods for treating spasticity in Egypt, the management of spasticity might not be an easy job in some patients. Therefore, continuous revision of the recent development in this subject as well as the exchange of experience are required.

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LEADERSHIP OF THE CHINESE BOARD OF NATIONAL EXAMINATION AND QUALIFICATION IN REHABILITATION MEDICINE RENEWED

By Jianan Li, MD, China

The China Ministry of Public Health assigned a new leadership of the Chinese Board of National Examination and Qualification in rehabilitation Medicine on October 19, 2003 in Beijing. The chairperson is Prof Jianan Li from Nanjing, and the vice chair is Dr. GX Zheng from Beijing.

The tasks of the board are:

- To develop qualification standards for both physiatrists and therapists.
- To define the test principles.
- To establish the national database.
- To edit guidelines for the examinations.
- To make each year's annual test packages for both physiatrists and therapists.

Urgent help needed to complete the above task. Hope experts in this field give us your hands.

2003 NATIONAL CONGRESS AND 20TH ANNIVERSARY OF CHINA ASSOCIATION OF REHABILITATION MEDICINE HELD IN BEIJING DURING OCTOBER 20 TO 24, 2003

by Jianan Li, MD, Vice Chairman of China Association of Rehabilitation Medicine

Annual National Conference of the China Association of Rehabilitation Medicine was held in the Jiuhua Spa and Resort Conventional Center, Beijing, China, during October 20th to 24th, 2003. Leaders of the China Association for Science and Technology, the Ministry of Public Health, the Chinese Medical Association and the China Medical Doctor's Society addressed their greetings for the opening of the conference. Five hundred participants with 600 abstracts from all parts of China joined the conference.

Invited overseas keynote speakers were: Prof Chang-il Park, Vice Chairman of ISPRM and Prof Sae-il Chun, Representatives for National Societies of ISPRM; Dr. Yan zhen and Dr. Kevin Du from Duke University Medical Center, USA; Dr. Zhu Yu and Dr. Zhao ZZ from New York, USA; Dr. SY Lee and Dr. Derrick Au from Hong Kong; Prof Christina Chui-Chan and Prof Cecilia Lee from Dept of Rehabilitation Sciences of Hong Kong Polytechnic University.

Prof Chang-il Park, on behalf of the ISPRM and the Korea Rehabilitation Association, congratulated the conference and also encouraged Chinese younger generation to be involved in international activities. Prof Christina W.Y. Hui-chan, on behalf of the Hong Kong Polytechnic University, also addressed her greetings for this conference. All invited speakers delivered excellent lectures to audience.

Conference contents were comprehensive, including basic research regarding to rehabilitation, neuro-rehab, orthopedic rehab, cardiac rehab, rehab for diabetics, rehabilitation engineering, community based rehab, rehab education and qualification, pain management, pediatric rehab, rehab nursing, and SARS rehab, etc.. Keynote speech on Current management of Cerebral Palsy (Prof Park), New challenge of rehab education in the 21st century (Prof Hui-Chan), Molecular Mechanism of Muscle Adaptation in Response to Exercise in Mice (Dr. Yan Zhen), Micro-surgery for Spinal pain (Dr. Kevin Du), Challenge of Neuro-rehab in Hong Kong (Dr. Derrick Au) and Spine and Spinal Cord Rehab (Dr. SY Lee) brought international new trends and visions to Chinese physiatrists and related professionals.

The conventional Center is well equipped. All hotel rooms have not only TV set, refrigerator and hot spring water, but also computer and access to Internet, which gave all participant deep impression.

The training course of the Managers of CARM website was also held during the conference. Website address of CARM is: www.carm.org.cn

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ANNUAL NATIONAL CONFERENCE OF THE CHINESE SOCIETY OF PHYSICAL MEDICINE AND REHABILITATION HELD DURING OCTOBER 14 TO 18, 2003

By Jianan Li, MD, Vice Chairman of the Chinese Society of Physical Medicine and Rehabilitation

Annual National Conference of the Chinese Society of Physical Medicine and Rehabilitation was successfully held in Jinan, China, during October 14 to 18, 2003. Four hundred participants presented the conference.

Invited overseas speakers were: Prof Gerold Stucki from Dept of Physical Medicine and Rehabilitation, University Hospital Munich, Germany, Dr. Leonard Lee and Dr. Derrick Au from Hong Kong, and Prof Christina Hui-Chan from Dept of Rehabilitation Sciences of Hong Kong Polytechnic University. Prof Stucki addressed his keynote speech on ICF and discussed future cooperation in clinical application of ICF with Chinese colleagues.

The theme of conference was rehabilitation of spin and spinal cord. More than 300 abstracts accepted. Around 100 presentations carried out.

The discussion on the International Classification of Function (ICF) was conducted during the conference and then it was decided to format a task force in implementation of the research of clinical application of ICF in China. Dr. Jianan Li from Nanjing Medical University, China will act as the Chinese correspondent to Prof. Gerold Stucki.

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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



- **AMLAR CONGRESS** - Asociacion Medica Latinoamericana de Rehabilitacion, will meet in Panama City, November 24 - 28, 2003. Contact; Dra Maricela Landires Iglesias, apdo 402 zona 15 Las Cumbres, Panama City. – Contact Prof. Marta Roa, President at impakt@sinfo.net
- During 2003 Enablement will offer again the **International Course in Management of Disability and Rehabilitation**. This 4-week course usually attracts rehabilitation professionals from a wide variety of countries Contact: Huib Cornielje : h.cornielje@enablement.nl website: www.enablement.nl
- The **6th International Conference on Pain and Chemical Dependency**, February 4-7, 2004, Brooklyn, New York, visit www.painandchemicaldependency.org
- **32nd Annual National Conference of the Indian Association of PMR**, 6-8 February, Calicut, Kerala, India., visit www.iapmrcon2004.org/
- **Super EMG MMIV** February 14-21, 2003, Lahaina, Maui, Hawaii, visit: <http://ccme.osu.edu>
- **8th Annual meeting of the Biofeedback Foundation of Europe**, February 18-24, 2004, Zurich, Switzerland. Visit www.bfe.org or contact Vickie Gaves Danielle Matto .at dm-matto@hetnet.nl



8th Annual Meeting of The Biofeedback Foundation of Europe, February 24-28, 2004, Winterthur, Switzerland, information can be found at www.bfe.org



- The 4th World Congress on the Aging Male, February 26-29, 2004, Prague, Czech Republic
Visit: www.kenes.com/aging
- **Joint Conference of the American Society on Aging and National Council on Aging**, April 14-17, 2004, San Francisco, California, visit www.asaging.org/summer-series
- **10th International Congress on Public Health** by the World Federation of Public Health Associations (WFPHA), 19 - 22 April 2004, Brighton, England, visit www.phaworldcongress.com/



2nd Japanese-Korean Joint Conference (Korean and Japanese Society of PM&R), April 24-25, 2004, Kyoto, Japan, contact: nobuishi@me.ndmc.ac.jp

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- Combined Annual Scientific Meetings of the **Australian Society for Geriatric Medicine (ASGM) and the Australasian Faculty of Rehabilitation Medicine (AFRM)**, 27 – 30 April 2004, Esplanade Hotel, Fremantle Western Australia: Contact: AFRM@racp.edu.au
- **Annual Scientific Session of the American Pain Society**, May 6-9, 2004, Vancouver, B.C., Canada, visit www.aps.org
- The 14th **European Congress of Physical Medicine and Rehabilitation**, May 12-15, 2004, in Vienna, www.ecprm2004.org or Dr. Michael Quittan, michael.quittan@univie.ac.at
- **SCI ASIA Meeting**, Denver USA, May 14.-16, www.asia-spinalinjury.org
- **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



➤ **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

- **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
- 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 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



➤ **5th Mediterranean Congress on PM&R**, September 30 –October 03, 2004, Antalya, Turkey. visit www.medicongress.org or contact Pr. Tansu at Arasil. tansu@surf.net.tr

- 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.

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Contact : sofmerparis2004@rth.ap-hop-paris.fr

- 66th Annual Assembly of the American Academy of Physical Medicine and Rehabilitation (AAPM&R), 07 – 10 October 2004, Phoenix, Arizona, USA- Visit www.aaprmr.org
- 5th Interdisciplinary World Congress n Low Back & Pelvic Pain, 10 – 13 November 2004, Melbourne, Australia – visit www.worldcongresslbp.com



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 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



4rd ISPRM World Congress – October 8 - 12, 2007 in Seoul Korean

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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