REPORT FROM THE ISPRM REGIONAL VICE PRESIDENT
FOR EUROPE (FROM JUNE 9 TO SEPTEMBER 14, 2008)

Pedro Cantista.

First of all I would like to salute all the ISPRM members and express my gratitude for being elected for this charge. I will try to continue the excellent work of my predecessors Daniel Wever and Christoph Gutenbrünner whom I thank for their precious collaboration.

In this report I will refer the most significant events concerning Rehabilitation in Europe as well as the more relevant activities of the three main European PRM bodies which are:
- The European Academy of PRM
- The “Union Européènne des Médecins Spécialistes -UEMS (PRM Section and Board)
- The European Society of Physical and Rehabilitation Medicine - ESPRM.
(Their main vocations and roles have already been described in previous reports so I won’t repeat this again. If someone needs some additional information about these organizations please contact me).

In this present report I will only refer the relevant issues that took place after our last meeting in Bruges (June 2008), since the past Vice President Christoph Gutenbrünner reported there the previous relevant facts and activities.

In the month of June, from the 24th till the 26th, took place in Porto (Portugal) the Congress of the International Society of Medical Hydrology, which I had the special honor of chairing. This Congress deserves a reference because in many European countries Medical Hydrology is included in PRM. Besides this in many Balneology Medical Institutions there are Rehabilitation Services and facilities offering both “In Patient” and/ or “Out Patient” Rehab. Programs.

Medical Hydrology has now good Evidence Based scientific support and within the PRM Section of the UEMS there is a Working Group in the Professional Practice Committee that was established in 2004 during the Hanover General Assembly.

It was decided at that time to work in cooperation with the International Society of Medical Hydrology –ISMH, in which Executive Board are prestigious PRM doctors, such as its president Tamás Bender or its Vice President Christoph Gutenbrünner.

Since that year of 2004 many developments had been achieved and currently most of the International Congresses of PRM include sessions on the topic “Medical Hydrology or Medical Balneology”).

Many of our specialist doctors are committed to this practice and we assist today of a growing cooperation within this field with South America Countries, Japan and also with some centers in USA and Canada.

In the ICF Model Medical Hydrology is also under development being included in the same concept of the “Health Resort Medicine” enhancing the relevance of the contextual factors in all the recovering process of health.
The 2008 ISMH Porto Congress received:

- near 300 participants with
- 191 abstracts, from 32 countries
- 15 Sessions, being 4 of them parallel
- 1 satellite symposium, 1 Workshop
- one consensus meeting
- three General Assemblies (ISMH, Portugal, France)
- one university degree examination (Spain)

The Congress was considered a success by all the participants and a Procedures Book will be published till the end of 2008. A CD version will be also available. All the ISPRM members who are interested in this field may visit the ISMH website www.ismh-direct.net or contact me by the email pedrocantista@netcabo.pt

The months of July and August (usually holydays months in Europe) didn’t have significant activity. During this time however one action deserves a special report. I am referring the PRM European School of Marseille an initiative that is lead by Prof. Alain Delarque current president of the UEMS PRM Section and supported by the European Board and Academy. The organizing committee is composed of clinicians and scientists and every year several distinguished PRM expertise are invited to teach a special course to a group of residents selected from all over Europe. This action is an excellent example of how international cooperation can be effective in terms of PRM Education.

In September (from the 4th till the 7th) took place in Riga (Latvia) the General Assembly of the UEMS PRM Section and Board as well as the ESPRM Executive Board Meeting.

Starting by the ESPRM Executive Board meeting I would like to remember that its Executive Meeting is currently formed by the following members:

Prof Alessandro Giustini (President)
Prof Henk Stam (Past-President)
Prof Ilena Ilieva (Secretary General)
Prof Christoph Gutenbrünner (Treasurer)
Prof. Alain Delarque (Responsible for “Internal Affairs”, relationship with UEMS)
Dr. Pedro Cantista (Responsible for “External Affairs”, namely ISPRM relationship)
Prof. Alvydas Juocevicius
Prof. Sasa Moslavac

The main points of this meeting were the preparation of the next 17th European Congress which will take place in Venice from 23-27 May, 2010. The names of the scientific committee members were already proposed as well as the topics, seminars, workshops, prizes and awards. To see more details you can visit the website www.cesprm2010.eu. The title chosen for this congress is "European rehabilitation: quality, evidence, efficacy and effectiveness". Prof Alessandro Giustini will chair this event.

The Executive Board also discussed ESPRM cooperation with other International Societies Congresses, namely the next ISPRM one in Istanbul (June 13-17 2009).

Other issues that worth to be mentioned concerns the ESPRM strategic activities (Good Clinical Practice, Guidelines, Risk Management, Staff Management, Consumers Involvement, Health Technology Assessment, ICF development). A task force was constituted with the mission of collecting, organizing and updating PRM relevant documents and publications in order to achieve the referred goals.
In the UEMS PRM Section and Board General Assembly, chaired by Prof. Alain Delarque, many and very important points were discussed and a significant number of decisions were voted and approved as well. We had the privilege of having among us the UEMS Secretary General Dr. Bernard Maillet which work has been an excellent contribute for the relationship with the UEMS Council and the good relationship with other specialties. As special guest we have also with us Prof. Angela McNamara, from Ireland, an PRM European Board former President, who gave us an unforgettable speech about her own experience as patient allowing a “both sides perspective” of a serious condition and its Rehabilitation specific care interventions. Our colleague and friend Angela deserves a special tribute and (for sure!) her knowledge, wise thoughts and courage to share her experience may be a pedagogic example for us all, teaching how to perform rehab interventions in acute care units. We all do expect a publication in a near future…

As described before by my antecessor Prof. Christoph Gutenbrünner in his previous report, in these UEMS PRM Section and Board meetings we start in the first day by a plenary session. On the second day three committees (Clinical Practice, Professional Practice and Board) meet separately in different workshops preparing documents to be discussed and voted in the third day, during a new plenary session.

In this September 2008 assembly we underline all the work done in The Clinical Affairs Committee and in the Board regarding the European Certification Rules for Rehab Programs, PRM trainers and specialists (by examination or equivalence, depending of the time of clinical practice or experience).

Also within the Board activity we highlight the proposals of updating the “National Delegates Duties”, prepared by Profs. Fitnat Dincer and Crt Marincek.

This year the “European Examination” will take place as usual in the last week of November. Prof. Xanthi Michail will cease functions as President of the Board and be replaced by Prof Franco Franchignoni. During this Assembly Prof. Jean Michel Viton was elected Vice president of the Board.

Within the Professional Practice committee some important issues were discussed as well. One important concern of our section is the definition of the “PRM field of competence”. A “draft paper” coordinated by Profs. Christoph Gutenbrünner, Alain Delarque and Francis Le Moine and with the contribution of several other authors is now being developed. We expected to see a UEMS “position paper” on this subject published within the next few months.

Also within this committee the Balneology Working Group (that I chair) we discussed a strategic working plan, subsequently voted and approved by the PRM Section during the plenary session.

Other important debate in the Professional Practice Committee is the PRM doctor’s activity in the so-called “Manual Medicine”. Prof. Ulrich Smolensky prepared a presentation about the situation of this modality within Europe and what could be the PRM policy regarding this subject.

We would like to mention here the great work of cooperation among all participants in the UEMS PRM Section and Board meeting and leave here a special word for those belonging to the “new coming countries” of the Eastern Europe (at this time almost all the European countries take place in this UEMS Assembly).

Finally let me express a very special thank to the magnificent work of our colleagues from Latvia Profs. Anita and Aivars Vetra for excellent organization of this meeting and for the way as we were received, with a fantastic hospitality.

To conclude this report I refer the next 7th Mediterranean Congress of Physical and Rehabilitation Medicine taking place in Portoroz - Portorose, Slovenia, in next September 18-21, beeing Prof. Crt Marincek its chairman.

Please see the website at www.medcongress.prm08.org

In the next report I will describe the main points, both scientific and organizational, discussed in this meeting as well as its final conclusions.
NEWS FROM THE NATIONAL OSTEOPOROSIS FOUNDATION - NOF
Susan Randall RN, MSN, FNP-BC, Senior Director, Education

NOF is pleased to announce the availability of a new reference tool, “A Reference Guide for Osteoporosis Reimbursement Policy for Healthcare Professionals”. We encourage you to distribute information about this manual to your membership on NOF’s behalf.

NOF has developed a billing and reimbursement guide to assist healthcare professionals with reimbursement issues you may encounter in your treatment of patients with osteoporosis. A reimbursement tools section is included in the back of the billing guide and includes many items you may find useful as you navigate coverage and reimbursement issues with public and private payers and work to educate your patients. Reproducible tools to aid your patients with reimbursement issues can be found in color in the front pocket of the binder and in black and white in the last tab.

To order a copy of the NOF Reimbursement Guide free of charge, please contact Ian Prest at 1-800-231-4222. An electronic version of the NOF Reimbursement Guide will be available shortly at www.nof.org, and updates to the reimbursement guide, as reimbursement policy changes, will also be provided as they become available on the Web site.

NOF RESEARCH GRANT FUNDS AVAILABLE FOR NEW INVESTIGATORS
Betty Hawkins, NOF

The National Osteoporosis Foundation (NOF) invites Letters of Intent from qualified new investigators for support of clinical or translational research related to the epidemiology, pathogenesis, prevention, diagnosis and/or treatment of osteoporosis.

Program focus: To enhance the opportunities of new investigators and support scientific research projects on osteoporosis prevention, diagnosis and treatment. Funding is intended for new investigators at the beginning or early stages of their faculty careers. Investigators who have not been funded previously by NOF will be given preference. Research projects must be consistent with NOF’s mission.

Eligible applicants must:
• have an MD, PhD or equivalent degree
• be within four years post-completion of postdoctorate, medical residency, fellowship or equivalent training
• have US citizenship or permanent resident status
• be affiliated with a US-based not-for-profit academic or research institution

Ineligible applicants: current NOF grant recipients, Federal agencies and their employees and individual investigators.

Due dates and application instructions:

• October 15 – November 17, 2008
Call for Letters of Intent: Submit a one page letter of intent along with your current CV, detailing the goals, methods and scope of the proposed research project, the qualifications of the applicant and his/her institution to perform this work and institutional support for the project.
Submit by one of three methods:
Fax: 202-223-1726, Attention: Betty Hawkins, Research Coordinator
E-mail: researchgrants@nof.org
Postal mail: Lawrence Raisz, MD, Chairman, Science and Research Committee National Osteoporosis Foundation, 1232 22nd Street, NW, Washington, DC 20037
Call for Grant Applications: After peer review and scoring, selected researchers will be asked to submit full research grant proposals. PIs will be notified via email by this date if a full proposal is requested for funding consideration. Formal notification will be mailed as soon as possible thereafter. Grant application instructions and forms will be made available to selected applicants.

Award amount and institutional overhead: Grant applications may include salaries and a maximum of 14% in overhead costs not to exceed total grant amount of $57,000.

Grant Applications Submission Deadline

For more information www.nof.org/grants or contact Betty Hawkins 202-223-2226 researchgrants@nof.org

PHYSICAL MEDICINE, RHEUMATOLOGY & REHABILITATION (PMRR) EDUCATION IN ALEXANDRIA UNIVERSITY, EGYPT
Tarek Shafshak.

Goals:
1- To train and teach doctors the different skills for diagnosing, treating and rehabilitating rheumatic and joint diseases, regional pain syndromes and all locomotory problems.
2- To provide a training program in orthotic and prosthetic prescription, electrodiagnosis and physical therapy.
3- To offer a special training program for rehabilitating all neurological, neurosurgical, orthopedic, pediatric and surgical problems that necessitate rehabilitation.

Residency Training program (5 years):
This starts, after finishing the internship period, with clinical training (for 12 months) in departments other than PMRR e.g. general medicine, neuropsychiatry, orthopedic surgery, neurosurgery, burn unit, .. departments. Then, training starts at the PMRR department, where the residents will be enrolled in specific training programs. Training is accompanied by studying the diploma or master degree. Thus, while a resident is doing his clinical training program, he is enrolled in the master or diploma program. Residency training is usually in the field of the course they are studying, e.g. neurorehabilitation, pediatric rehabilitation, electrodiagnosis, geriatric rehabilitation, rheumatology, rehabilitation of rheumatic diseases,… After finishing his master program, the resident may join the doctorate degree program.

Degrees:
1. Diploma in PMRR: A total of 31 Credit Hours (CH). It includes obligatory courses (=30 CH) and 1 elective course of 1 CH.
2. Master of PMRR: A total of 43 Credit Hours. It includes 36 CH of obligatory courses, 1 elective course of 1 CH and a master thesis (= 6 CH).
3. Doctorate of PMRR: It includes a total of 62 Credit Hours. Having a master degree in PMRR (or in physical or rehabilitation medicine) is a prerequisite for joining this program. The doctorate program includes preparatory course (=8 CH), obligatory courses (42 CH), 2 elective courses each of 1 CH and a doctorate thesis (=10 CH).

One credit hour is defined as a lecture of 1 hour (or 2 hours of clinical/ practical sessions) /week for 15 weeks.

General outlines for the academic degrees:
1. This program is offered in different semesters (each of 15 weeks duration). The fall semester starts in September and ends in January; and the spring semester starts in February and ends in June in the same academic year. Some small courses (usually 1 credit hour each) may be given in the summer semester which is held in July and August.
2. A log book is available to assure completion of the training program.

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3. An examination will be held at the end of each semester (in January and June every year). Completion of at least 75% of the log book is a prerequisite for admission to the exam. The students must attain at least 60% of the maximal examination score for each course in order to pass the examination of any course.

4. The student will not be allowed to register for the 2nd semester of the diploma & master degrees until he passes the 1st semester, which include mainly basic subjects (or pass the preparatory course for the doctorate degree).

5. Thesis registration will be allowed after passing the 1st semester (in the diploma & master degrees) or after completion of the preparatory course for the doctorate degree. Working on the thesis can be achieved during the following semesters. However, thesis will not be discussed until the candidate passes examinations of all courses.

6. The final examination grade will be calculated according to the sum of the examination scores of all studied courses. The thesis will not be given any score.

7. The degree will be awarded after achieving the followings: 1) passing the examinations of all required courses, and 2) acceptance of the prepared thesis.

Courses for the diploma & master degrees:
(1) Basic subjects (total= 10 CH for the master degree and 9 CH for the diploma): It includes 10 courses each of 1 CH. These are: applied physics & biomechanics, anatomy, physiology, pharmacology, pathology (for the master only), basic immunology, internal medicine, neuropsychiatry, orthopaedic surgery & neurosurgery.
(2) Physical Medicine 1 (Physical Agent Modalities & Electrotherapy) (2CH)
(3) Physical Medicine 2 (Exercises, Hydrotherapy, Manipulation, Traction & Massage) (2CH)
(4) Orthotic, prosthetic, assistive devices & shoe modifications. (2CH)
(5) Electrodiagnosis (4 CH for the master degree and 3 CH for the diploma)
(6) Neurehabilitation (2CH)
(7) Pediatric rehabilitation (1CH)
(8) Chest & cardiac rehabilitation (1CH) (for the master only),
(9) Geriatric rehabilitation (1CH) (for the master only),
(10) Biofeedback, acupuncture & alternate medicine (1CH) (for the master only),
(11) Rheumatology (5 CH)
(12) Regional pain (2CH)
(13) Rehabilitation & physical therapy in orthopaedic & surgical disorders (1CH)
(14) Rehabilitation & physical therapy in rheumatic conditions (1CH)
(15) Joint aspiration & synovial fluid analysis (1CH) (for the master only),

Courses for the doctorate degree:
The first course is the preparatory course (8 CH). It includes principles of the followings: biostatistics, clinical research methodology, animal experiments, medical ethics, clinical trials in drug therapy & quality control. After passing the preparatory course, the candidate will be enrolled in the major subjects (=42 CH) which include advanced courses in:
(1) Posturography, kinesiology & gait analysis
(2) Electrotherapy & heat therapy
(3) Therapeutic exercises & hydrotherapy
(4) Neurehabilitation
(5) Applied orthotic & prosthetic
(6) Physical therapy in orthopaedic, rheumatic & surgical disorders
(7) Cardiac & chest rehabilitation
(8) Geriatric rehabilitation
(9) Sport medicine & sport injuries
(10) Applied electrodiagnosis
(11) Rheumatology
(12) Childhood arthritis
(13) Clinical immunology
(14) Regional musculoskeletal pain
(15) Laboratory diagnosis, imaging & drug therapy in rheumatic diseases
N.B. Assessment in rehabilitation is included in the appropriate subjects.
Elective courses (each of 1 CH):
(1) Joint biomechanics & locomotion
(2) Biostatistics
(3) Medical ethics
(4) Research methodology

DISABILITY AND DEVELOPMENT MODULE AT THE VU UNIVERSITY, AMSTERDAM, THE NETHERLANDS
Huib Cornielje

Enablement (Alphen aan den Rijn), the Royal Tropical Institute (KIT, Amsterdam) and the Athena Institute of the VU University (Amsterdam) are pleased to announce a 3-week module on Disability and Development to be held from November 24th to December 12th 2008 at the VU University. This course, comprising the first 3 weeks of a 4-week elective module, which is part of an academic Master degree programme, is open to external participants also. Students will learn in a highly participatory environment built around a problem-based learning approach. Lecturers have extensive international experience in disability and related fields. An overview of the course content can be found on the VU website: http://studiegids.vu.nl/ (type ‘disability’ as search term).

Interested candidates should apply well in advance and contact Huib Cornielje as soon as possible.
TARGET GROUP: rehabilitation professionals and professionals with an interest in disability and development.
REQUIREMENTS: good comprehension of the English language; bachelor degree or equivalent (in terms of experience and thinking capacity)
COURSE FEES: Euro 1,000 (excluding board & lodging)
DATES: November 24 to December 12, 2008
FURTHER INFORMATION CAN BE OBTAINED FROM: Huib Cornielje, Langenhorst 36, 2402PX Alphen aan den Rijn, The Netherlands - Tel: 0031-172-436953 - Fax: 0031-172-244976 - E-mail: h.cornielje@enablement.nl

IN MEMORIAL PASQUALE PACE
Raffaele Gimigliano (President of S.I.M.F.E.R.- Italina Society of PM&R)

With the heart full of sorrow I announce you the tragic and sudden passing away of PASQUALE PACE (General Secretary of SIMFER). During these years we have learned to appreciate and love him for his professionalism, sincerity, humanity and efficiency. His death has left a great void in SIMFER and it will not be easy to substitute him.

NEWS & VIEWS EDITORIAL BOARD 2008-2010
Publications Committee: Walter Frontera, (chair)
Editors: Nicolas Christodoulou (chair), Leonard Li, Jorge Lains, Jianan Li

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

(one of the two official journals of the ISPRM)

Issue 9, October 2008 (Volume 40)

Articles are accessible for ISPRM individual members

- Evidence-based medicine in physical and rehabilitation medicine: is this evidence-based rehabilitation?
  Kristian Borg, Katharina Stibrant Sunnerhagen

- Evidence for the effectiveness of multi-disciplinary rehabilitation following acquired brain injury: a synthesis of two systematic approaches
  Lynne Turner-Stokes

- Sports participation in adolescents and young adults with myelomeningocele and its role in total physical activity behaviour and fitness
  Laurien M. Buffart, Hidde P. van der Ploeg, Adrian E. Bauman, Floris W. Van Asbeck, Henk J. Stam, Marij E. Roebroeck, Rita van den Berg-Emons

- Vitality among Swedish patients with post-polio: a physiological phenomenon
  Gunilla Östlund, Åke Wahlin, Katharina S. Sunnerhagen, Kristian Borg

- Sensitivity and predictive value of occupational and physical therapy assessments in the functional evaluation of patients with suspected normal pressure hydrocephalus
  David Feick, Jennifer Sickmond, Li Liu, Philippe Metellus, Michael Williams, Danielle Rigamonti, Felicia Hill-Briggs

- Relationship between walking function and 1-legged bicycling test in subjects in the later stage post-stroke
  Cristiane Carvalho, Carin Willén, Katharina S. Sunnerhagen

- Excellent cross-cultural validity, intra-test reliability and construct validity of the Dutch Rivermead Mobility Index in patients after stroke undergoing rehabilitation
  Leo D. Roorda, John Green, Kiki R.A. De Kluis, Ivo W. Molenaar, Pam Bagley, Jane Smith, Alexander C. H. Geurts

- Driving behaviour after brain injury: a follow-up of accident rate and driving patterns 6-9 years post-injury
  Anne-Kristine Schanke, Per-Ola Rike, Anette Mølmen, Per Egil Østen

- The Swedish occupational fatigue inventory in people with multiple sclerosis
  Sverker Johansson, Charlotte Ytterberg, Birgitta Back, Lotta Widén Holmqvist, Lena von Koch

- Effect of single botulinum toxin A injection to the external urethral sphincter for treating detrusor external sphincter dyssynergia in spinal cord injury

- Dysphagia in elderly nursing home residents with severe cognitive impairment can be attenuated by cervical spine mobilization
  Ivan Bautmans, Jeroen Demarteau, Bjorn Cruts, Jean-Claude Lemper Geriatrics, Tony Mets

- An orthosis and physiotherapy programme for camptocormia: A prospective case study
  Mathieu-Panchoa de Sèze, Alexandre Creuzé, Marianne de Sèze, Jean-Michel Mazaux

- Towards an instrument targeting mobility-related participation: Nordic cross-national reliability
  Åse Brandt, Charlotte Löfqvist, Inga Jónsdottir, Terje Sund, Anna-Lisa Salminen, Monica Werngren-Elgström, Susanne Iwarsson

- Effects of resistance training in combination with coenzyme Q10 supplementation in patients with post-polio: a pilot study
  Katarina Skough, Charlott Krossén, Susanne Heiwe, Henning Theorell, Kristian Borg

- Effects of 6 months exercise training on ventricular remodelling and autonomic tone in patients with acute myocardial infarction and percutaneous coronary intervention
  Zheng Huan, Luo Ming, Shen Yi, Ma Yuan, Kang Wenhui

- Autonomic dysreflexia triggered by breastfeeding in a tetraplegic mother
  Fras Dakhil-Jerew, Susan Brook, Fadel Derry
UPCOMING MEETINGS AND CONGRESSES

ISPRM World Congresses

- **5th Congress** June, 13 - 17, 2009 Istanbul, Turkey
- **6th Congress** June, 12 - 15, 2011 San Juan, Puerto Rico
- **7th Congress** June 2013 Beijing, China

Conferences on:

- Neurology: [www.eurostroke.org/esc_main%20links.htm](http://www.eurostroke.org/esc_main%20links.htm)
- Neurorehab: [www.wfnr.co.uk/docs/events.htm](http://www.wfnr.co.uk/docs/events.htm)
- Spine: [www.spine.org/calendar/fas_events.cfm](http://www.spine.org/calendar/fas_events.cfm)
- Osteoporosis: [www.iofbonehealth.org/meetings-events.html](http://www.iofbonehealth.org/meetings-events.html)

2008

- **World Congress on Osteoporosis**, 3-7 December, Bangkok, Thailand, visit [www.iofbonehealth.org](http://www.iofbonehealth.org)

2009

- **IAPMRCON 2009** – National Congress of the Indian Association on PM&R, 16 – 18 January at Kolkata, West Bengal, India.: Contact: rathinhaldar@yahoo.com
- **20th Anniversary of the International Center of Neurological Restoration (CIREN)**, 9-13 March, Palacio de las Convenciones, La Habana, Cuba. Contact rm2009@neuro.ciren.cu. Visit [www.ciren.ws](http://www.ciren.ws)
- **The First International Conference on Culture, Ethnicity, and Brain Injury Rehabilitation**, 12 - 13 March, Washington, D.C. area, U.S.A., Marriott Crystal City,. Contact: jcarangolasp@vcu.edu
- Portuguese PRM Society Annual Congress (Sociedade Portuguesa de Medicina Física e de Reabilitação) - 12-14 March, Hotel Montebelo - Viseu, Portugal. Contact spmfr@spmfr.org

- First World Congress on Spina Bifida Research and Care Location: Walt Disney World Swan and Dolphin Resort Orlando, Florida Date: 15-18 March. Info: raustin@sbaa.org

- 9th European Congress on Clinical and Economic Aspects of Osteoporosis and Osteoarthritis, 18-21 March, Athens, Greece, visit www.ecceo9.org

- The Australian Pain Society 29th Annual Scientific Meeting, 5-8 April, Sydney Convention and Exhibition Centre. Email: aps@dconferences.com.au Website: www.apsoc.org.au

- Rehabilitation 2009 – 5th Congresso de la Sociedad Cubana de Medicina Fisica y Rehabilitación, 6-10 April. Havana, Cuba - Contact: ventas10@avc.cyt.cu

- 43rd Comprehensive Review Course in Physical Medicine and Rehabilitation (81.75 CME credits) of Baylor College of Medicine / The University of Texas Medical School at Houston PM&R Alliance, April 18 – 26, 2009, Crowne Plaza River Oaks Hotel, Houston, Texas. Info: PMandR@bcm.edu.

- 19th EWMA Conference (European Wound Management Association), 20 – 22 May, Helsinki, Finland. Info follows

- 18th European Stroke Conference, 26-29 May, Stockholm, Sweden. Info follows


2010

- World Congress on Osteoporosis, 5-8 May, Venice, Italy, visit www.iофbonehealth.org

- 17th European Congress on Physical Medicine & Rehabilitation, 23 - 27 May 2010, Venice, Italy

- 13th World Congress on Pain, 29 August-3 September, Montreal, Canada. Visit www.iasp-pain.org
2011 - 2013

- 6th ISPRM World Congress, June 12 - 15, 2011, San Juan, Puerto Rico
- 7th ISPRM World Congress, June 2013, Beijing, China

ISPRM Members can send us an email with their upcoming congresses for publication in this agenda