



INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – JUNE 2005

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A WARM WELCOME TO ALL NEW ISPRM MEMBERS

Linamara R. Battistella, MD PhD

President of the 3rd ISPR World Congress and President of the ISPRM

Dear Colleague,

My special welcome to all of you who have joined (or rejoined) the International Society of Physical and Rehabilitation Medicine family during our last World Congress!! With your participation, ISPRM gets ever stronger.

The main objectives of ISPRM are: to **influence rehabilitation policies and activities** of international organizations interested in the analysis of functional capacity and improvement of the individual quality of life; to help national professional organizations to **influence national and local governments** on issues related to the field of medical rehabilitation; to **encourage and support** the development of a **comprehensive medical specialist** in Physical and Rehabilitation Medicine; to **develop appropriate models for physician training** and, therefore, involvement and participation in the medical rehabilitation process ensuring that their level of training is optimal for the required community needs; to **encourage a wide interest of Physical and Rehabilitation Medicine** in all physicians; to provide means to **facilitate research activities and communication at the international level** and to provide mechanisms to **facilitate international exchange** regarding different aspects of rehabilitation including disseminating information regarding Rehabilitation-related meetings.

Visit the website www.isprm.org for more detailed information about our Society.

How active and how successful the Society will become depends to a very great extent on its members. I hope you will feel free to send comments and suggestions at any time, and that you will wish to participate actively in the affairs of our Society in order to strengthen our specialty.

As a member of our Society, you will receive monthly by e-mail the "News and Views" Newsletter with information about practice of PM&R around the world, the agenda of upcoming Congresses and scientific meetings and much more.

Again, thank you for joining ISPRM.

Best Regards

Linamara R. Battistella



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A TASK FORCE FOR A NEW PRM ORGANISATION IN ASIAN AND OCEANIA REGION

By Leonard S.W. Li, Hong Kong SAR, China

The 3rd World Congress of ISPRM at Sao Paulo was memorable with the excellent scientific program and entertaining social events. The success of the Congress was obvious from the hard work of Dr. L. R. Battistella, Dr. M. Imamura and the organising committee. I would like to take this opportunity to pay my salute to them. Other than meeting old and new friends, participating in the academic discussion and enjoying the social program, there was an important ad hoc meeting for the Asian delegates on 14th April 2005 afternoon at the Sao Paulo Room of Gran Melia Hotel.

The ad hoc meeting was to discuss on how to enhance the communication among the physiatrists in the Asian and Oceania region, so that the development of the specialty of physiatry in this region can be promoted. There were 17 persons from 8 countries/administrative regions attended the meeting. They were Prof. Sae-il Chun (Korea), Dr. Gerry Heryan (Indonesia), Anita Rathawati (Indonesia), Prof. Dezhang Geng (China), Prof. Jianan Li (China), Dr. Sylvia T. Velasco (Philippine), Dr. Tom Hale (Australia), Prof. Masami Akai (Japan), Prof. Chang-il Park (Korea), Prof. John Olver (Australia), Prof. Satoshi Miyano (Japan), Prof. Zong-yao Wu (China), Prof. Hugh Dickson (Australia), Dr. Eng-ching Yap (Singapore), Dr. Leonard S.W. Li (Hong Kong SAR), Prof. Dengkun Nan (China), Prof. Ji-cheol Shin (Korea). All delegates agreed unanimously that a new PRM organization should be established in the Asian and Oceania region to accomplish the objective.

A task force was set up to work out the details on establishment of such a new organization in our region. Prof. Sae-il Chun was appointed as the coordinator of the task force, which consisted of the following members to start off: Prof. Sae-il Chun (Coordinator), Dr. Anita Rathawati (Indonesia), Prof. Jianan Li (China), Dr. Sylvia T. Velasco (Philippine), Prof. Masami Akai (Japan), Prof. John Olver (Australia), Dr. Eng-ching Yap (Singapore), Dr. Leonard S.W. Li (Hong Kong SAR) and Prof. Ji-cheol Shin (Korea). Additional representatives from countries/administrative regions in Asia and Oceania, who had not attended the ad hoc meeting in Sao Paulo, will also be invited to join the task force.

A tentative work schedule was also proposed. As a matter of convenience, the first formal meeting of the Task Force will take place in Hong Kong during the 4th World Congress for Neurorehabilitation, which is held on 12-16 February 2006 (www.wcnr2006.com). The formal announcement of the new organization, after the logistics and paper work has been finalized, is scheduled at Seoul, Korea during the 4th World Congress of ISPRM 2007. This will get an additional excitement for the long-awaited first Asian held World Congress of ISPRM. For anyone who would like to enquire about the Task Force, one can either contact Prof. Sae-il Chun (chunscam@hanmail.net) or Dr. Leonard S.W. Li (lsqli@hkucc.hku.hk).

INTENSIVE MULTIFACTORIAL NEUROREHABILITATION SYSTEM. 16 YEARS OF APPLICATION IN HAVANA, CUBA

Armando Sentmanat, PhD, and Coralina Martínez, International Center of Neurological Restoration (CIREN), Havana, Cuba

The International Center of Neurologic Restoration (CIREN) was inaugurated on February 26th, 1989 in Havana, Cuba. At this center, a group of professionals in the fields of neurosurgery and the neurosciences planned the application of state-of-the-art surgical techniques of minimal access for the treatment of Parkinson's Disease. Therefore, simultaneous to the surgical practice, the patient's rehabilitation process submitted to surgery was thus started by a group of professionals, including professors in physical culture, speech therapists, occupational therapists, kinesiologists, physicians and nurses.

The development of the rehabilitation program and positive results achieved with time, defined the problem of how to scientifically and methodologically establish the Neurological Rehabilitation Model called Intensive Multifactorial Neurorehabilitation System (IMNS).



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GENERAL CONCEPTION OF THE INTENSIVE MULTIFACTORIAL NEUROREHABILITATION SYSTEM

The Intensive Multifactorial Neurorehabilitation System is an “eclectic” model, based on all positive elements of different models, methods, procedures, techniques and specialties within neurological rehabilitation. Also special pedagogy and physical culture according to each patient’s needs, make this treatment come closer to the so-called alternative medicine. As to Alternative Medicine, IMNS uses acupuncture, Bach’s floral therapy, homeopathy, exercising and techniques of Chinese Traditional Medicine. Laser puncture, magnetotherapy and ozonotherapy among other therapeutic alternatives combined with methods and techniques from western medicine are also used.

The intensive physical work that characterizes IMNS with a 7-daily-hour treatment for each person in an individualized way, is methodologically organized and adequately dosified according to its general program and such specific programs for each discipline. This program is much more closer as a whole to the characteristics in the training of sportsmen – fundamentally applied by those licensed in physical culture within this pedagogical profile. The personnel who have been applying this form of teaching for the physical rehabilitation process – developed at CIREN – have adopted it as bases to support IMNS.

The concept of Intensive Multifactorial Neurorehabilitation System, is defined here as a model aimed at rehabilitation. This method must be used with a systemic approach, in an integral and systematized way combining intensively and adequately dosified methods, procedures and therapeutic techniques that make possible a better recovery, expected to be carried out in the least possible time providing the patient with a better quality of life.

The philosophy and scopes of the Intensive Multifactorial Neurorehabilitation System – as an integral part of the Neurologic Restoration Program at the International Center of Neurologic Restoration (CIREN) - are conditioned by the directing philosophy of this institution, expressed as to its scopes and strategic objectives used in all its levels. On these bases and in correspondence with CIREN’S functions and structure, the activities for the interdisciplinary integration of processes of neurologic restoration leading to the establishment of programs for the intensive personalized care, are thus developed with special attention according to each patient’s needs.

DISTRIBUTION OF TIME

When rehabilitation actions are organized in an integral way by joining all links that the development of knowledge offers on biologic and psycho-social phenomena, important advances in the rehabilitation of functions and an adequate interaction between patient and physical therapist can thus be achieved. The rehabilitation time dedicated to each patient within IMNS, can amount to 38,5 hours, on the bases of 7– daily hours, divided in two sessions of 3,5 hours each from Monday thru Friday and a 3,5 hours session on Saturdays. Fundamentally, the time dedicated to the physical activity, plus the volume and intensity of exercising - which is high – and the pedagogical character implicit in the rehabilitation process reinforced by those licensed in physical culture, as well as occupational and speech therapists with a pedagogical formation, resemble that of IMNS as to the sports training with therapeutic aims.

During the 16 years of the IMNS application at CIREN, more than 16,000 patients from more than 75 countries have been assisted, where Cuba is considered as principal emissor. The effectiveness of the work was assessed within an interdisciplinary team to approach the rehabilitation of patients bearers of chronic neurological diseases. The application of the principles of sports treatment adopted into the rehabilitation process was thus assessed. It seems to modulate in an effective way the stimulation to neuroplastic mechanisms as it accelerates the patients’ recovery of lost functions.

At the Third World Congress of ISPRM held at Sao Paulo, Brazil, a résumé was presented based on most significant results within the 15 years of application of the Intensive Multifactorial Neurorehabilitation System at CIREN, Havana, Cuba.

References

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3. Sentmanat A, Martínez C. Intensive Multifactorial Neurorehabilitation System: 15 Years of Application at CIREN. Abstract 528-1 ISPRM 2005. 3rd World Congress of the ISPRM. *Acta Fisiatrica*. Brazil, 2005; Volumen 12(April) pS302.



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PUBLICATION OF ABSTRACTS FROM OUR ISPRM JOURNAL “DISABILITY AND REHABILITATION”,

Abstracts selected by Nicolas Christodoulou, Chairman of the Journal and News & Views Committee and Member of the Editorial Board of “Disability and Rehabilitation”

Volume 27, Number 9 / 6 May 2005

Pages: 529 - 533

URL: [Linking Options](#)

DOI: 10.1080/09638280400018635

A computerised communication aid for people with aphasia

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^{A2} Department of Rehabilitation Medicine, Erasmus MC, University Medical Center Rotterdam, The Netherlands

^{A3} Speech and Language Therapy Research Unit, Frenchay Hospital Bristol, UK

Purpose. To develop a portable computerised communication aid for aphasic people to support communication in everyday life.

Method. A multidisciplinary team of aphasiologists, augmentative and alternative communication specialists, speech and language therapists and technicians developed a portable, modular system, PCAD (portable communication assistant for people with dysphasia), running on a commercially available handheld computer. The system was tested in a multiple case study. Aphasia therapy services in the UK, Portugal and The Netherlands referred 28 people with aphasia, who were considered eligible for a computerised communication aid. Participants were trained following a protocol and used the device in self-chosen real life settings.

Results. Six of the 28 selected aphasic patients decided not to test the device; 22 participated in the training. All 22 learned to operate the aid, 17 used it functionally, in everyday life. Five people did not use the aid outside the therapy room, although they were able to operate the aid and to use it in role play. These unsuccessful clients were younger, and tended to have a shorter duration of the aphasia.

Conclusions. Carefully selected aphasic patients may benefit from a computerised communication aid, using it functionally in everyday communicative settings.

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Issues for selection of outcome measures in stroke rehabilitation: ICF Participation

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Purpose. To evaluate the psychometric and administrative properties of outcome measures in the ICF Participation category, which are used in stroke rehabilitation research and reported in the published literature.

Method. Critical review and synthesis of measurement properties for six commonly reported instruments in the stroke rehabilitation literature. Each instrument was rated using the eight evaluation criteria proposed by the UK Health Technology Assessment (HTA) programme. The instruments were also assessed for the rigour with which their reliability, validity and responsiveness were reported in the published literature.

Results. Validity has been well reported for at least half of the measures reviewed. However, methods for reporting specific measurement qualities of outcome instruments were inconsistent. Responsiveness of measures has not been well documented. Of the three ICF categories, Participation seems to be most problematic with respect to: (a) lack of consensus on the range of domains required for measurement in stroke; (b) much greater emphasis on health-related quality of life, relative to subjective quality of life in general; (c) the inclusion of a mixture of measurements from all three ICF categories.



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Conclusions. The reader is encouraged to examine carefully the nature and scope of outcome measurement used in reporting the strength of evidence for improved participation associated with stroke rehabilitation. There is no consensus regarding the most important indicators of successful involvement in a life situation and which ones best represent the societal perspective of functioning. In particular, quality of life outcomes lack adequate conceptual frameworks to guide the process of development and validation of measures.

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The values underlying team decision-making in work rehabilitation for musculoskeletal disorders

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Purpose. This paper presents the results of a qualitative study on the values underlying the decision-making process of an interdisciplinary team working in a work rehabilitation facility of a Québec teaching hospital.

Methods. In order to document the values underlying the decision-making process, a single case observational study was conducted. Interdisciplinary team weekly discussions on ongoing cases of 22 workers absent from work due to musculoskeletal disorders were videotaped. All discourses were transcribed and analyzed following an inductive and iterative approach. The values identified were validated by feedback from team members.

Results. Ten common decision values emerged from the data: (1) team unity and credibility, (2) collaboration with stakeholders, (3) worker's internal motivation, (4) worker's adherence to the program, (5) worker's reactivation, (6) single message, (7) reassurance, (8) graded intervention, (9) pain management and (10) return to work as a therapy. The analysis of these values led to the design of a model describing interrelations between them.

Conclusions. This study throws light on some mechanisms underlying the decisions made by the team and determining its action. This improves understanding of the actions taken by an interdisciplinary team in work rehabilitation and may facilitate knowledge transfer in the training of other teams.

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Clinical presentation, associated disorders and aetiological moments in Cerebral Palsy: A Dutch population-based study

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Purpose. Cerebral Palsy (CP) contains varying clinical presentations, associated disorders and aetiological moments. Quantitative data and trends on these aspects were lacking in The Netherlands.

Method. Within a population-based study on prevalence, presentation and functioning of Dutch children with CP born in the years 1977?–?1988, individual history taking, examination and medical file checking was done by experienced clinicians. Clinical subtypes, motor disability, important co-morbidity (mental retardation, visual disability and epilepsy) were recorded, aetiological moments identified if possible. By comparing the four most recent years with the earlier years possible trends were studied.

Results. A quarter of children beforehand recorded as CP did not meet inclusion criteria after individual examination. Spastic subtypes accounted for over 90% of all CP cases: bilateral spastic cerebral palsy as a group are the majority although spastic hemiplegia is percentage-wise the largest individual clinical subtype. Epilepsy and mental retardation are common. Clinical patterns and associated disorders remained rather constant comparing earlier to more recent birth years.

Conclusions. An early diagnosis of CP may be challenged. General clinical patterns remained rather constant in following years, as did most studied items. Even if this study revealed a prevalence rise, no aspect stood out as a possible explanation for this prevalence rise. Comparable studies performed elsewhere showed similar findings.



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



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UPCOMING MEETINGS AND CONGRESSES

Congresses with the ISPRM logo are endorsed by the ISPRM and offer reduced fees to ISPRM Members

CONGRESSES TAKING PLACE IN 2005

- **Principles and Practice of Pain Medicine**, June 22-26, 2005, The Fairmont Copley Plaza Hotel, Boston Visit: www.med.harvard.edu/conted
- **Innovative Techniques in Spine Surgery**, July 21-23, 2005, Westin Resort and Spa, Los Cabos Mexico, visit www.medostar.org/steg
- **Uniform Data System for Medical Rehabilitation (UDSMR)**, 17th Annual Buffalo Conference, August 4-5, 2005, The Buffalo Niagara Marriott, Buffalo, New York. Visit www.udsmr.org.
- **3rd Annual Comprehensive Pain Board Review Symposium**, August 2-6, 2005. The Marriott Madison West Hotel, Middleton, Wisconsin USA, Visit: www.orthorehab.wisc.edu/rehab
- **11th World Congress on Pain (IASP)**, 21-26 August 2005, Sydney, Australia – www.iasp-pain.org
- **Australian and New Zealand Spinal Cord Society Congress**, 8-10 September 2005, Gold Coast, Surfers Paradise, Queensland, Australia. Visit www.anzscos2005.org.au
- **Triennial Meeting of the Int. Fed. Of Foot and Ankle Societies**, 14-18 September 2005, Naples, Italy, visit www.oic.it@iffax2005
- **4th ISPO Central and Eastern Europe Conference**, 22-24 September 2005, Belgrade, Serbia & Montenegro – information at 4.ISPOCEECEBELGRADE@eunet.yu
- **130th Annual Meeting of the American Neurological Association**, September 25 - 28, 2005 San Diego, CA, USA, <http://www.aneuroa.org/annual.htm>
- **44th Annual Meeting of the Int Spinal Cord Society (ISCoS)**, 4-8 October 2005, Munich, Germany, visit www.iscos.org.uk
- **4th International Course on the Hand**, 24 to 28 October 2005, Bodrum, Turkey, visit: www.vitalmedbodrum.com
- **67th Annual Assembly of the AAPMR**, 27 – 30 October 2005, Philadelphia Marriott, USA – www.aapmr.org
- **International Conference on CP Rehabilitation**, 1st & 2nd November, 2005, Patna, India, Contact: cpr2005@rediffmail.com
- **XVIIIth World Congress of Neurology**, November 05 - 11, 2005, Sydney, Australia <http://www.medeserv.com.au/aan/events/wcn2005/index.html>
- **XXXIII SIMFER National Congress**: The intensive/extensive rehabilitation in Italy: a link between Europe and the Mediterranean area., November 8-12, 2005, Catania, Sicily, Italy - Main language Italian - Visit: www.simfer.it



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- **Rehabilitation International Arab Conference, "Disability Rights in a Changing Worlds"** , November 14-16, 2005, Kingdom of Bahrain, For more information: www.bah-molsa.com
- **Belgian Society of Physical Medicine and Rehabilitation**, 2-3 December 2005. Brussels, Auditorium KBC – Visit www.medicongress.com
- **New Zealand Rehabilitation Association Conference**, 17 to 19 November 2005, Auckland, New Zealand. Contact: samira@adhb.govt.nz

UPCOMING YEARS

- **4th World Congress of Neurorehabilitation**, Hong Kong, 12-16 February 2006, visit www.wcnr2006.com
- **World Parkinson Congress**, 22-26 February 2006, Washington. USA, Contact: info@worldpdcongress.org
- **Stroke Rehab 2006 – Evidence for Stroke Rehabilitation – Bridges into the Future**, April 26-28, 2006, Goteburg, Sweden – contacttgunnar.grimby@rehab.gu.se or www.congres.se/stroke2006
- **14th Annual Meeting of the Australasian Faculty of Rehabilitation Medicine (AFRM)**, 2-5 May 2006, Cairns, Australia, visit: www.racp.edu.au/afrm
- **15th European Congress of Physical Medicine and Rehabilitation**, 16-20 May 2006, Madrid, Spain. Visit www.ecprm2006.com
- **XXXIV SIMFER National Congress**, Movement and autonomy: assessment and techniques. June 4 – 7, 2006, Florence, Italy – Main language Italian – Visit: www.simfer.it
- **35th Congress of the Int Society of Medical of Hydrology and Climatology – Rehabilitation in Spa's and Health Resorts**, 7-10 June 2006 in Istanbul, Turkey, visit www.ismh2006.com
- **ISSLS 2006**, Annual Congress of the **International Society for the Study of the Lumbar Spine**, 13-17 June 2006, Bergen, Norway, Contact: issls@medicongress.com – www.issls.org
- **31st Annual Scientific Meeting of the American Spinal Injury Association (ASIA) and the International Spinal Cord Society (ISCoS)**, 25-28 June 2006, Boston, MA, USA. Visit www.asia-spinalinjury.org/annualmeeting
- **XXX Congresso Brasileiro de Medicina Fisica e Reabilitacao**, July 12-15 2006, Belo Horizonte, Brazil: visit www.rhodeseventos.com.br
- **131st Annual Meeting of the American Neurological Association**, 08- 11 October, 2006, Chicago, IL, USA, <http://www.aneuroa.org/annual.htm>
- **5th Int. Congress on Spondyloarthropathies**, 12-14 October 2006, Gent, Belgium, Visit www.medicongress.com
- **6th Mediterranean Congress of PM&R**, 18-22 October 2006, Marina Hotel, Vilamoura, Portugal. Visit www.the.pt
- **22th, Congress of the Latin-American Medical Association**, November 8-12, 2006, Veracruz, Mexico, contact jmguzman@avantel.net



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- **68th Annual Assembly of the AAPMR**, 9-12 November 2006, Honolulu, Hawaii, USA – www.aapmr.org
- **4th International Congress of the Cuban Physical Medicine and Rehabilitation Society**, March 26-30, 2007, Havana, Cuba - visit www.sld.cu/sitios/rehabilitation or contact jorge.martin@infomed.sld.cu
- **12th World Congress of the International Society for Prosthetics and Orthotics**, July 29 - August 3, 2007, Vancouver, Canada. Visit: www.ispo.ca/congress
- **9th Congress of European Federation for Research in Rehabilitation (EFRR)**, 27 to 31 August 2007, Budapest, Hungary - Theme: "Partnership in rehabilitation research"- Contact: Prof. Lajos Kullmann, l.kullmann@rehabint.hu
- **7th Mediterranean Congress of Physical and Rehabilitation Medicine**, 18 - 21 September 2008, Portorose, Slovenia Contact: Prof. Crt Marinček marincek.crt@mail.ir-rs.si
- **69th Annual Assembly of the AAPMR**, 27-30 September 2007, Boston, USA – www.aapmr.org
- **Eurospine 2007**, 2-5 October 2007, Brussels, Belgium, Heizel Congress Center – Visit: www.medicongress.com
- **European Congress on Physical Medicine & Rehabilitation**, 4-7 June 2008, Brugge Belgium, Old St John's Hospital Congress Centre. Visit www.medicongress.com
- **7th Mediterranean Congress of Physical and Rehabilitation Medicine**, 18 - 21 September 2008, Portorose, Slovenia Contact: Prof. Crt Marinček marincek.crt@mail.ir-rs.si
- **70th Annual Assembly of the AAPMR**, 20-23 November 2008, San Diego, USA – www.aapmr.org
- **AMLAR 2008**, November 2008, Punta Del Este, Uruguay – www.surmedfi.org.uy
- Congresses on **Stroke** http://www.internationalstroke.org/s_content.php?id=fb2002-03-04-1020
- Congresses on **Neurology** http://www.eurostroke.org/esc_main%20links.htm



4th ISPRM World Congress – June 10 - 14, 2007 in Seoul, Korea - NEW DATES

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.