INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – JUNE 2006

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ISPRM BOARD OF GOVERNORS MEETING – BLOCK YOUR AGENDA

The ISPRM has planned to organize the following meetings in conjunction with the Mediterranean Congress on PM&R (on invitation only)

ISPRM Board of Governors Meeting

Wednesday, 18 October 2006
13.30 – 17.30 hrs
Meeting Room FENIX
of the Marina Hotel
Villamoura, Algarve, Portugal

●

ISPRM President's Cabinet Meeting

Wednesday, 18 October 2006
09.00 - 11.00 hrs
Meeting Room DELFIM

●

ISPRM Executive Board Meeting

Wednesday, 18 October 2006
11.00 - 13.00 hrs
Meeting Room DELFIM
Executive Board Meeting

●

The agenda and the personal invitations for these meetings will be sent out soon

ISPRM CENTRAL OFFICE: **WERNER VAN CLEEMPUTTE, EXECUTIVE DIRECTOR** **www.isprm.org**
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INNOVATION AND FLEXIBILITY KEY FEATURES OF ANNUAL ASSEMBLY. AMERICAN ACADEMY ON PM&R OFFERING REDUCED REGISTRATION FEES TO ISPRM MEMBERS FOR HAWAII MEETING.

In Brief: Excellent education, a beautiful setting, stimulating networking, and innovative learning methods are only a few of the many reasons to attend the 67th AAPM&R Annual Assembly in Honolulu, Hawaii, November 9-12, 2006.

The 67th AAPM&R Annual Assembly and Technical Exhibition will take place in Honolulu, Hawaii, at the Hilton Hawaiian Village on Waikiki Beach. Registrants may earn over 36 hours of continuing education credit by participating in any of 100 cutting-edge educational offerings, including 90-minute seminars and limited-attendance, hands-on and interactive workshops. An outstanding faculty of international experts is sure to stimulate lively discussion. And the Program Planning Subcommittee (PPS), chaired by James W. Atchison, DO, has structured the event to assure that attendees enjoy opportunities to relish the exotic setting that provides a perfect context for collegiality.

As noted in the Preliminary Program, program content has been reorganized in primary and secondary tracks and pre-conference programs are available to those whose schedules allow for early arrival. There will be no shortage of intellectual stimulation or engaging social events at the Annual Assembly. When they are not learning, networking, or exploring the island, members will want to check out the Exhibit Hall, where 125 technical exhibits will be on hand, a Career Networking Desk will be available to post and review career opportunities, and the Member Resource Center will be the place to learn about Academy products and services.

Most attendees will plan to spend their mornings in 90-minute sessions where content will focus on one of four primary tracks:

- Musculoskeletal Medicine, part of which is the PASSOR program
- Neurological Rehabilitation
- Practice Management and Leadership and
- Rehabilitation Topics

Afternoon large course sessions will accommodate didactic presentations by top-drawer faculty, who will be available for more intimate “Meet the Experts” panels to follow that will permit more interactive, spontaneous discussion of the topic at hand.

For example, PASSOR has assembled a great program focusing on the lower extremity, and has invited world-renowned Australian physical therapist Jenny McConnell, PT, B App, Sc, to participate in a number of sessions peppered throughout the meeting. These will include a “Meet the Experts” session and a large course focusing on the practice from an international perspective.

Another highlight is an early Sunday morning session, “The Science, Ethics, and Politics of Stem Cell Research in Spinal Cord Injury.” This program in the neurological rehabilitation track will feature five eminent speakers, including Hans Keirstead, PhD, from Reeve-Irvine Research Center, whose research on with human stem cells was recently the topic on 60 Minutes.

Another innovation is the “clinical pearl” format. Historically, a specific time has been set aside to reviewed and discuss a few scientific papers. This year, the PPS introduces 90-minute clinical pearls sessions, which involve a fast-paced (2 minutes, 2 slides), fun format that accommodates brief exposure to specific methods and an outlet for the scientific paper presentations. The clinical pearl sessions will be designated by topic area throughout the meeting; don’t miss these fantastic tidbits of information from the experts!

Planners have also found a way to accommodate hands-on and interactive workshops each afternoon and all day Sunday. This scheduling will allow attendees to focus on specific practice areas throughout the day and take advantage of workshops after the didactic sessions.

The Academy will also offer three workshops featuring presentations related to the physiatrist’s personal and professional growth. (These three workshops are complimentary, but advance registration is required.)

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Three seminars are planned for those who can arrive in Hawaii a few days before the Annual Assembly to earn even more CME. Principles of Manual Medicine, Pain Management, and Diagnostic Musculoskeletal Ultrasound will be offered beginning Monday, November 6. Those who can come early can also take advantage of an on-site interactive job fair on Wednesday, November 8. And those who can extend their trip either before or beyond the meeting will find that special rates are available on accommodations on the Big Island, Saturday November 4 through Thursday, November 16, 2006.

The Preliminary Program should be in member mailboxes soon; registration is available by mail or online via the Academy Web site. Register now, make your travel plans to attend, and book your hotel reservation; you can do it all online at www.aapmr.org!

RESEARCH IN PHYSICAL MEDICINE AND REHABILITATION - A UNIQUE MODEL

By Joel DeLisa

Physical medicine and rehabilitation is a specialty that deals with restoring human function. The physician practitioners, who are known as physiatrists, treat any disability resulting from a disease or injury to the human body, regardless of the specific organ system involved. The prescribed treatment often involves a variety of therapies beyond traditional medical care, including social, emotional and vocational interventions. Any physical condition that impacts functionally on the patient's quality of life can fall within the physiatrist's scope of practice. Physical disabilities are quite common. According to the National Center for Health Statistics, 34.3 million people (12% of the U.S. population) are physically limited in their usual activities due to a chronic condition. More than seven million people use assistive technology for mobility impairments (such as canes, walkers, wheelchairs), and more than four million people use assistive devices such as back braces and artificial limbs to compensate for musculoskeletal impairments. Added to these figures are those patients experiencing acute limitations in function, such as those with low back pain, shoulder pain or neck pain. Ten percent of all visits to physicians' offices in the U.S. involve musculoskeletal conditions. These figures are expected to increase with the aging of the baby boom generation.

Several important barriers limit effective research within our specialty. There are national shortages of both research funds and well-trained investigators, as well as a lack of tools that have been validated in the ambulatory setting for measuring rehabilitation outcomes. The fact that rehabilitation outcomes must often be studied over months, years or even decades, drives up the cost of many basic clinical trials (aside from drug trials). For example, the high cost of caring for a patient with tetraplegia for just two or three weeks while undergoing a new therapy will limit the ability of many grants to achieve a meaningful statistical power in their conclusions. Moreover, the relatively small bed complement and long lengths of stay at most rehabilitation hospitals reduce the number of subjects who can be studied on an inpatient basis. Despite these barriers, clinical research is essential for the growth and improvement of the specialty. The Kessler Medical Rehabilitation Research and Education Corporation (KMRREC) in West Orange, NJ is the center of research activity for the UMDNJ-New Jersey Medical School Department of Physical Medicine and Rehabilitation. With a staff of 75 employees, nearly 20 of whom are physicians or doctorally trained investigators holding NJMS faculty appointments, KMRREC's mission is to conduct research and sponsor educational programs within this specialty. KMRREC is a nonprofit organization and is a subsidiary of the Henry H. Kessler Foundation.

The major areas under investigation at KMRREC include spinal cord injury, traumatic brain injury, stroke, gait, neuro-imaging-supported behavioral studies, health outcomes and rehabilitation engineering. KMRREC also has several grants in multiple sclerosis, and serves as the site for several training grants dealing with rehabilitation research. About $3 million per year is provided by external funding agencies, including the NIH and the National Institute on Disability and Rehabilitation Research. Several studies are also being conducted by our Newark-based faculty involving clinical drug trials in the subspecialty of musculoskeletal medicine. Other studies in Newark have: evaluated devices used as respiratory muscle support to prevent respiratory failure; compared student outcomes under various teaching strategies; evaluated public policy options relating to long-term care; and investigated rehabilitation outcomes following the injection of autologous cells. Our department's long-term strategy is to consolidate most of our research capacity in Newark. We believe that such a redeployment of our investigators and scientists will yield tangible economies, and will position UMDNJ to become even more effective in its research on restoring human function.

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MEMORY DYSFUNCTION IN MS & ITS REHABILITATION

by John DeLuca

Memory problems can have a devastating impact on everyday life, affecting feelings of self-worth as well as a person's ability to work, learn and interact with family and friends. Memory problems can be a significant and often under-appreciated consequence of the brain dysfunction associated with multiple sclerosis (MS). Over the past 15 years, my work has been geared toward understanding the nature of these memory impairments, identifying the variables which compound the problem, examining how impaired memory affects everyday life and learning about the cerebral changes underlying such cognitive problems and what treatments are effective in improving memory performance and quality of life.

It was just 35 years ago that physicians and scientists believed that cognitive impairment was only observed in about 3% of persons with MS. Patients were told that their cognitive complaints did not exist or were a consequence of depression or anxiety. Today, after two decades of neuropsychological research, we know that cognitive impairments are real and are observed in up to two-thirds of persons with MS. Problems in learning and memory are by far the majority of patient complaints and the area which has received the most research attention. My work started with a grant from the Foundation of UMDNJ about 15 years ago, challenging the then accepted notion that memory impairment in MS was due to difficulties in the retrieval of the memory trace from long-term storage. In a series of studies, we were able to show that this conclusion was incorrect due to confounds and flaws in experimental design.

Our work showed that, in fact, persons with MS were impaired in the initial acquisition of information from the environment (i.e., impaired learning) and that if learning was equated with healthy controls, MS subjects showed perfectly normal recall and recognition (i.e., intact retrieval), even up to one week after learning. That is, the problem persons with MS face is in the quality of learning and encoding information, and retrieval from storage in the brain is in fact "normal" (i.e., normal forgetting).

With grants from the National Multiple Sclerosis Society and an RO1 from the NIH, we subsequently conducted a series of studies identifying which variables lead to diminished learning in MS. We found that factors such as slowed information processing speed, susceptibility to interference, and compromised executive functions (e.g., impaired planning and organization) all contribute to decreased learning efficiency. This work led us to the model that certain cognitive factors (such as slowed processing speed or impaired organization and planning) decreased the quality and efficiency of learning from the environment.

That is, when persons with MS were required to recall information, they would only be able to recall this less than accurate store of information from long-term storage. With additional funding from the National Multiple Sclerosis Society, we set out to examine how impaired learning and memory affect everyday life activities. Most studies to date on the impact of MS on everyday life rely almost exclusively on self and/or family reports of functional activity. We asked MS patients and their families to subjectively report how cognitive impairment affects everyday functional activities and compared this with an objective and quantitative assessment of actual everyday activities such as meal preparation, paying bills and following a regimen of taking medicines.

Our results showed that neuropsychological impairment predicted actual performance of everyday life activity. However, patient self-report was associated with emotional distress (e.g., depression and anxiety) and not the actual performance of everyday life activities. These results showed that neuropsychological factors are clearly related to the ability to perform everyday life activities which are cognitively demanding (e.g., driving an automobile). In addition, patient self report provides information on how the patient "feels" about his/her disability.

Now that we understood the nature of memory impairment in MS and the factors related to impaired learning and its effects on everyday life, the next step in our work was to decide what can be done to improve this cognitive impairment. Thus our research now focuses on cognitive rehabilitation. We are studying techniques from cognitive psychology known to improve learning efficiency in laboratory studies of healthy subjects to see if these can be applied to persons with MS. My colleague Nancy Chiaravalloti, PhD, and I led a pilot clinical trial, funded by the National Multiple Sclerosis Society, to examine if behavioral techniques can be used to improve learning efficiency in MS.

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TODAY, AFTER TWO DECADES OF NEUROPSYCHOLOGICAL RESEARCH, WE KNOW THAT COGNITIVE IMPAIRMENTS ARE REAL AND ARE OBSERVED IN UP TO TWO-THIRDS OF PERSONS WITH MS.

Patients with MS were taught to use context and imagery to improve the quality of encoding new information. The initial data was extremely positive and today Dr. Chiaravalloti is the recipient of an RO1 from the NIH to conduct a full-scale, doubleblind, placebo controlled clinical trial to improve learning and memory in persons with MS. Dr. Chiaravalloti and our team have also been involved in several other studies using behavioural techniques to improve learning efficiency in persons with MS. For example, Yael Goverover, PhD, formerly a post-doctoral fellow in our laboratory and now an assistant professor at NYU, received a grant from the National Multiple Sclerosis Society to examine how specific behavioral techniques (e.g., self-generation and spaced learning) can improve everyday life activities.

An occupational therapist by training, Dr. Goverover has designed a series of cognitive rehabilitation studies to improve the quality of encoding during learning and see if this can advance actual everyday functional tasks. While these studies are currently underway, the preliminary results are very encouraging. In addition to using behavioral interventions, Dr. Chiaravalloti and I received funding from the National Multiple Sclerosis Society to conduct a pilot study examining if a new medication (Modafinil) can improve learning and memory in persons with MS.

The final branch of our 15-year line of research in MS was to examine how cognitive changes are manifested in the brain. Thus, we have conducted a series of studies using functional neuroimaging (e.g., fMRI) to examine how pathways in the brain are altered when persons with MS have cognitive problems. Overall, our goal is to enhance the quality of life of persons with MS by improving our understanding of the specific nature of cognitive impairment and its mechanism of action in the brain, and by studying rehabilitation techniques which can impact everyday life. We have indeed progressed significantly from where we were 35 years ago, but realize that as long as persons with MS are disabled, we have additional work ahead of us.

NEWS & VIEWS EDITORIAL BOARD

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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 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
- Congresses on **PM&R** http://www.prm-calendar.org/Default.aspx

4th ISPRM World Congress – June 10 - 14, 2007 in Seoul, Korea – www.isprm2007.org

5th ISPRM World Congress – May 9 -13, 2009 in Istanbul, Turkey

6th ISPRM World Congress – June, 4 – 9, 2011 in San Juan, Puerto Rico

- **12th International Pain Clinic Congress,** July 4-7, 2006, Turin, Italy - Contact Dr. Beltrutti via www.pain2006.com
- **XXX Congresso Brasileiro de Medicina Fisica e Reabilitacao**, 12-15 July 2006, Belo Horizonte, Brazil: visit www.rhodeseventos.com.br
- **XIII National Congress of the Colombian Association of Physical and Rehabilitation Medicine (ASCMF&R),** August 03-06, 2006, Cartagena de las Indias, Colombia. Contact: ascmfr@gmail.com or visit: http://rehabilitacion2006.homestead.com
- **World Congress on Medical Physics and Biomedical Engineering**, 27 August-2 September 2006, Seoul; Korea. Visit http://wc2006-seoul.org
- **XVI Congress of the Ecuadorian Society of PM&R,** 11-15 September 2006, Guayaquil, Ecuador, contact Gustavo Bocca Peralta at gwbocca@hotmail.com
- **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
- **Int Society of Prosthetics and Orthotics (ISPO-ANMS),** October 12-14, Perth, Australia – Visit www.ispo.org.au
- **3rd. Mitteleuropäischer Kongress für PM&R,** organized by the German and Austrian Society in collaboration with the Italian Society on PM&R – Language German – 12 – 14 October 2006, CD-Hotel Salzburg. Info: pmr-kon@salk.at

6th Mediterranean Congress of PM&R, 18-22 October 2006, Marina Hotel, Vilamoura, Portugal. Visit www.medcongress.prm06.org

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- **21st SOFMER Congress (French Society on PM&R)**, October 19-21, 2006, Rouen, France – lectures in French only contact Prof. Françoise Beuret-Blaquart at fbbeuret@aol.com
- **28th Indian Association of Sports Medicine congress**, October 26-28, 2006, Pune, India, contact Dr. Ashish Babulkar, ababhulkar@bigfoot.com
- **Evolving Architecture of Research,. Patient Care and Education**. 2nd National SCI Conference, October 26-28, 2006, Toronto, Canada – email murawiecka.marta@torontorehab.on.ca
- **22nd Congress of the Latin-American Medical Association**, November 8-12, 2006, Veracruz, Mexico, contact jmguzman@avantel.net
- **41st ASM of Japan Medical Society of Spinal Cord Lesion**. November 9-10, 2006, JASCol Keisie Hotel Miramare, Chiba, Japan – visit www.miramare.co.jp

68th Annual Assembly of the AAPMR, November 9-12, 2006, Honolulu, Hawaii, USA – www.aapmr.org – Reduced registration fees for ISPRM members offered

4th National Convention and Scientific conference of the Bangladesh Association of Physical Medicine and Rehabilitation (BAPMRCON 2006), November 15-16, 2006; Dhaka, Bangladesh. Contact: Mohd Taslim Uddin taslim@bdcom.com

- **9th Asian Federation of Sports Medicine,** November 19-22, 2006, Riyadh, Saudi Arabia – contact info@afsm2006.com.sa
- **Joint World Congress on Stroke**, 22 – 25 November 2006, Capetown, South Afrika – visit www.kenes.com/stroke2006
- **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
- **45th Congresso SERMEF (Spanish Society on PM&R)**, May 22-25, 2007, Tarragona, Spain – Congress in Spanish only info: m.velazquez@torrespardo.com
- **ISSLS** 2007, Annual Congress of the **International Society for the Study of the Lumbar Spine**, 12-17 June 2007, Hong Kong. Contact: issls@medicongress.com – www.issls.org
- **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) ,** 26 to 29 August 2007, Budapest, Hungary - Theme: "Partnership in rehabilitation research"- Contact: Prof. Lajos Kullmann, l.kullmann@rehabint.hu
- **69th Annual Assembly of the AAPMR**, 27-30 September 2007, Boston, USA – visit www.aapmr.org

EuroSpine 2007, 2-5 October 2007, Brussels, Belgium
Heizel Congress Center – visit: www.medicongress.com

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- **Annual Congress 2007 SOFMER (French Society on PM&R)**, 4-6 October 2007, Rennes- St Malo, France – lectures in French only - contact gdekorvin@cpa-sante.com

European Congress on Physical Medicine & Rehabilitation, 4 - 7 June 2008, Brugge, Belgium - visit www.medicongress.com

- **1st World Congress on Pain**, 17-22 August 2008, Glasgow, Scotland – visit www.iasp-pain.org
- **7th Mediterranean Congress of Physical and Rehabilitation Medicine,** 18 - 21 September 2008, Potorose, Slovenia Contact: Prof. Crt Marincek marincek.crt@mail.ir-rs.si
- **European Congress on Shoulder Surgery – SECEC 2008**, 18-20 September 2008, Brugge, Belgium – visit www.medicongress.com
- **5th Regional Central European Conference of the Int Soc for Prosthetics & Orthotics,** 19-21 September 2008, Pontrose, Slovenia – visit www.ce-ispo2008.org

AMLAR 2008 3-6 November 2008 - including the meeting of the Latinoamerican Society of Paraplegia, Hilton Conrad Hotel and Convention Center, Punta del Este, Uruguay – Contact Hugo Nunez Bernadet anhunez@adinet.com.uy

- **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

17th European Congress on Physical Medicine & Rehabilitation, 23 - 27 May 2010, Venice, Italy - Contact Prof Alessandro Giustini at agiustini@fsm.it

Please feel free to send us an email with your upcoming congresses for publication in this agenda

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