MESSAGE ON HURRICANE KATRINA
By Mark A Young, MD, MBA, FACP

Dear Members of the ISPRM,

As you probably know the devastating Hurricane Katrina has wrought destruction and doom to New Orleans and the Gulf Region, (a once flourishing area of the USA).

I have been personally contacted by my government to lead a national humanitarian effort to set up a unified rehabilitation response to address the medical and therapeutic needs of Katrina's survivors.

Working together closely with Professor Mathew Lee, Chair of Rehabilitation at the Rusk Institute, New York University in New York and other institutions and professional organizations, we are establishing a core group of rehabilitation focused disaster response teams composed of concerned and skilled interdisciplinary rehabilitation professionals.

Our objective is to assemble teams of international and national expert clinicians well versed in natural disaster disasters and their rehabilitation consequences.

With the encouragement of Dr. Margret Gianinni, Director of the Office of Disability for United States Health and Human Services Department and the US Surgeon Generals Office, we are rallying the help and support and active participation of the rehabilitation community within the United States in this important cause.

Our volunteer pool is composed of Physiatrists, PT's, OT's, Nurses, Orthotics & Prosthetics, Nutritionists, Psychologists and other relevant allied rehabilitation professionals. Members of the team will work together collaboratively on addressing the rehabilitation and functional sequela of Katrina. Volunteers will serve both locally in the Hurricane torn Gulf Region performing clinical relief tasks as well from their home towns assisting with administrative and logistical details.

Operation "Functional Recovery" will assemble teams of interdisciplinary rehabilitation professionals dedicated to 6 core competencies:
1) Amputation
2) Wound and Skin Management
3) Neuro
4) Geriatrics
5) Pain
6) Pediatrics

Our "call to action" letter has been published in Rehabilitation Directors. The link: http://rehabilitation-director.advanceweb.com/common/Editorial/Editorial.aspx?CC=59070

I would welcome the input of any ISPRM member who could offer advice and consultative input in these matters. My email is rehabdoctor_2000@yahoo.com or markyoung123@gmail.com

Very Truly Yours,
TEACHING REHABILITATION MEDICINE AT AL-QUDS UNIVERSITY

By Ofer Keren M.D*

As Dr Hami Abdeen, the dean of the Faculty of Medicine of Al-Quds University, wrote in the "Bridges" (the Israeli-Palestinian Public Health Magazine sponsored by the WHO) in a special issue devoted to disabilities (1): "The story of Abdillah Ibn Maktum in the Qu'ran (Surat Abasa) is an early illustration of the way people with disabilities are related to by our societies. Abdullah Ibn Maktoum, a person with a visual disability, is first ignored by the Prophet Muhammad, and then becomes his advisor and eventually is delegated to a position of responsibility in the city of Medina in the Prophet's absence." He ended by writing: "Through cooperation and building bridges of solidarity and understanding do we achieve our lofty goals in public health. We should be motivated by a Ugandan saying, 'It is the teeth that are together that cab bite the meat'".

The Al-Quds Faculty of Medicine is new and open to dynamic changes. As a new program, it is under continuous revision. Dr. Abdeen has shown a wide vision of the role of medical school when he initiated to include a course on Rehabilitation Medicine (such a course is still lacking in many well-established medical schools curriculum) to his fifth year students.

Indeed, in this last summer 2005, a full course on Rehabilitation Medicine was taught, for the first time, in the Faculty of Medicine of Al-Quds University. Most of the lectures took place at the University campus, followed by three clinical days. Israeli academic physiatrists gave the lectures on a voluntary basis, aiming at taking a role in this cooperative project and contributing to the medical education of the future Palestinian medical doctors. Indeed, these young individuals are those who, in the coming years, will impact on the Palestine society and determine health policy around issues of Impairment, Disability, Activity and Participation. The goal of the course was not only to teach rehabilitation tools, but to give concepts, to raise emotional as well as ethical dilemmas about the nature of recovery, quality of life, chronic illness and rehabilitation. During the three clinical days, the students could feel in real what they had listened to during the lectures.

As a whole, much alike the rehabilitation process that needs to be realistic in its expectations, this project of cooperation was unique for each side, especially taking into account this was the first time. Now, we can learn from the experience, both in its form and its content, and improve it for the next time...

The course program as it had been planned included subjects as: Key words, models, Philosophy, & History of PMR; Community-Based Rehabilitation; Rehabilitation of the Growing Child; Rehabilitation of congenital conditions; Rehabilitation of neurological disorders Brain; Conversion paralysis; phantom pain; Rehabilitation of neurological disorders Spinal cord; Aspects of Psychiatry in Rehabilitation Medicine; Rehabilitation in orthopedic and musculoskeletal disorders; Neuropsychological assessment; Neuropysiology & Rehabilitation Posturography - Postural instability and recurrent falls; Functional assessment; Stroke rehabilitation; Sexual disability - sensual therapy; Rehabilitation following mass casualty and military rehabilitation; Ethical considerations in P&RM; Chronic Diseases & Geriatric rehabilitation; Quality of life (QOL); Art & Medicine and the history of Rehab/injuries thru Art. These entire subjects were provided in full seven days of lectures by eleven lecturers.

Three clinical days in rehabilitation facilities were planned:
1. One in Ramalla at Abu Raya Center (Devoted mostly to Spinal Injury Rehabilitation).
2. Second in center of rehabilitation at Bet Jala (Devoted mostly to Brain Injury Rehabilitation).
3. The third took place in Israel at the Lowenstein Center of rehabilitation were additional lectures were given by five more lecturers. During the time the students came to Lowenstein Center another group of visitors were on observation academic tour there (from Turkey). So, the teaching was given to all of them together and it enables to open new bridges and to discuss the issues from different point of views.

An additional planned cooperation between the Palestinian and the Israeli Medical associations is to host the 7th World Congress on Brain Injury in Jerusalem, in the year 2007. We do hope to have this opportunity to use of professional as a means to strengthen dialogue and peace initiatives to our region. We aim to show the medical world as a frontier-free one that care for patients, make medical research and push science forward. We hope to see our vision shared by our colleagues from all over the world, and we will be welcome any kind of active participation.

BEYOND WHEELCHAIRS
THE CHANGING FACE OF CONFERENCE HOSTING
By the Union of International Association
Article sent to mayor congress organisers in order to put emphasis on this subject and the UIA symposium

In any group of a few dozen people, you will today find more than one person with some kind of disability. And while some will be clearly recognisable, the disability of many more is less immediately visible. Yet all have their unique needs.

In today’s world, conference venues and those who manage them cannot afford to ignore this increasingly vocal constituency. As our populations age and our medical skills get better, an increasing number among us are living with disability. And the number of people with disabilities who stay engaged socially and professionally is exploding. They expect their needs to be recognised at conferences. And they increasingly have the power to move conferences away from venues that ignore them.

At the UIA Associate Members’ Meeting on 4 October 2005, we will examine what this may mean for the meeting industry. What are the problems the industry is facing? What potential does the changing situation offer? Who’s doing it right? And what will tomorrow’s challenges consist of?

From the many possible perspectives on this question we have selected two main themes:
1. Accessibility – a complex question given the wide range of disabilities
2. Staff competence and skills to meet persons with special needs

Organizations representing the interest of people with disabilities emphasize the importance of their involvement, under the general heading of “Nothing about us without us”. They will be invited to the conference and we expect good attendance, and thus excellent opportunities for discussion and networking.

The animators will give a flying start to discussions. They will include

**Patrick Worms**, Ogilvy Public Relations Worldwide

**Bengt Lindqvist**
For nine years Special UN Reporter on Disability, also former Swedish Minister and co-founder of Disabled People’s International (DPI); has contributed to developing education programmes for staff who meet people with special needs. [http://www.dpi.org/](http://www.dpi.org/)
The work of rehabilitation
GS Dixon A1 and TH Caradoc-Davies A2
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Purpose. To describe three years of activity of a rehabilitation unit and to make comparisons between clients who receive different levels of active rehabilitation.

Method. A retrospective study set in an inpatient rehabilitation facility located in Dunedin, New Zealand, examining 874 inpatient admissions over three financial years (2000–2002). Outcome measures include Functional Independence Scores (FIM) at admission and discharge, length of stay, weekly gains in FIM scores, and changes in FIM sub-scores.

Results. Assessment and rehabilitation patients made significant FIM gains in comparison to assessment only and social relief (respite care) patients. Assessment and rehabilitation patients showed greater gains in the Physical dimensions of the FIM in comparison to the Cognitive although this is probably a function of different scaling. Floor and ceiling effects were not present in the FIM.

Conclusions. The interdisciplinary rehabilitation program brings about real functional and cognitive gains in a range of patients as measured with the FIM. This adds to the considerable body of research which documents FIM gains and further provides evidence that physical and cognitive gains differ.

Keywords: FIM, neurological rehabilitation

Usefulness of BFB/EMG in facial palsy rehabilitation
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Objective. To analyze and to compare the recovery and the development of synkinesis in patients with idiopathic facial palsy (Bell's palsy) following treatment with two methods of rehabilitation, kinesitherapy (KT) and biofeedback/EMG (BFB/EMG).

Study design. Retrospective cases.— series review.

Methods. Seventy-four patients with Bell's palsy were clinically evaluated within 1 month from onset of palsy and at 12 months after palsy (House scale and synkinesis evaluation). Electromyography (EMG) and Electroneurography (ENG) were performed about 4 weeks after palsy to better evaluate functional abnormalities due to facial nerve lesion. The patients followed two different protocols for rehabilitation: the first 32 patients were treated with therapeutic exercises performed by therapists (KT group), the latter 42 patients were treated using BFB/EMG methods (BFB group) with inhibition of synkinetic movement as the primary goal.

Results. KT and BFB patients were evaluated for clinical and neurophysiological characteristics before rehabilitative treatment. BFB patients showed better clinical recovery and minor synkinesis than KT patients.

Conclusions. BFB/EMG seems to be more useful than KT in Bell's palsy treatment. This could be due to the fact that BFB/EMG gives more accurate information than KT on muscle activation with better modulation in voluntary recruitment of motor unit.

Keywords: Facial palsy, rehabilitation, electromyography, biofeedback
An organizational perspective on goal setting in community-based brain injury rehabilitation

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**Purpose** To use a taxonomy of goal content, developed in, community-based brain injury rehabilitation to examine and compare the content of goals set within two different service settings; and to further examine the potential of the taxonomy to be a reliable and comprehensive framework for classifying goals.

**Method** Qualitative analysis and categorization of 1492 goal statements extracted from a community-based brain injury rehabilitation service over two time periods (1996 – 97, 1998 – 99), and cross-organizational comparison of ratings of goal classifications using a random sample of 100 goal statements drawn from this data set and the original 1765 goal statements used in developing the taxonomy.

**Results** Application of the taxonomy beyond the original service, setting in which it was developed indicated a strong inter-rater reliability, with a high test-retest agreement reported over time. For both services, a small number of categories accounted for a substantial proportion of goals set within the two time periods, while considerable change was evident in goals between the two periods for one service. Further, both placed emphasis on individually focused goals rather than relationship or family-related goals.

**Conclusion** The taxonomy provides a reliable means for classifying, goals and is a useful tool for exploration of the multiple influences on goal setting. Further application of the taxonomy to examine the relative influence on goal setting of client factors versus a range of organizational factors would be beneficial.

**Keywords:** Brain injury, goal setting, community-based rehabilitation

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Foot and leg problems are important determinants of functional status in community dwelling older people

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**Purpose** To determine whether foot and leg problems are independently associated with functional status in a community sample of older people after adjusting for the influence of socio-demographic, physical and medical factors.

**Method** Data were analysed from the Health Status of Older People project, a population-based study involving a random sample of 1000 community-dwelling people aged 65 – 94 years (533 females, 467 males, mean age 73.4 years ± 5.87). A structured interview and brief physical examination were used to investigate the associations between self-reported foot and leg problems and functional status. Functional status was assessed using: (i) timed ‘Up & Go’ test, (ii) self-reported difficulty climbing stairs, (iii) self-reported difficulty walking one kilometer, (iv) self-reported difficulty performing instrumental activities of daily living (IADLs), and (v) self-reported history of one or more falls in the previous 12 months. These associations were then explored after adjusting for socio-demographic, physical and medical factors.

**Results** Thirty-six percent of the sample reported having foot or leg problems. Univariate analyses revealed that people with foot and leg problems were significantly more likely to exhibit poorer functional status in all parameters measured. After adjusting for socio-demographic, physical and medical factors, foot and leg problems remained significantly associated with impaired ‘Up & Go’ performance (OR = 2.15, 95%CI 1.55 – 2.97), difficulty climbing stairs (OR = 3.33, 95%CI 1.98 – 5.61), difficulty walking one kilometer (OR = 3.13, 95%CI 2.09 – 4.69), and history of falling (OR = 1.73, 95%CI 1.26 – 2.37).

**Conclusions** Foot and leg problems are reported by one in three community-dwelling people aged 65 years and older. Independent of the influence of age, gender, common medical conditions and other socio-demographic factors, foot and leg problems have a significant impact on the ability to perform functional tasks integral to independent living.

**Keywords:** Aging, foot diseases, foot deformities, foot injuries, leg injuries, activities of daily living
Comparing self-report, clinical examination and functional testing in the assessment of work-related limitations in patients with chronic low back pain

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Purpose To compare the work-related limitations assessed using self-report, clinical examination and functional testing in patients with chronic low back pain (CLBP).

Methods Work-related limitations of 92 patients were assessed using self-report, clinical examination and functional testing. To obtain the assessed limitations the patient (self-report), the physician (clinical examination) and a trained evaluator (functional testing) completed a scorings form about the work-related limitations of the patient. The Isernhagen Work Systems Functional Capacity Evaluation (IWS FCE) was used to obtain the functional testing results. A $\kappa$ value of more than 0.60, absolute agreement of more than 80% and ICC of more than 0.75 were considered as acceptable.

Results Little agreement and correlation among self-report, clinical examination and functional testing were found for the assessment of work-related limitations. Self-reported limitations were considerably higher than those derived from clinical examination or functional testing. Additionally, the limitations derived from the clinical examination were higher than those derived from the IWS FCE.

Conclusion Comparing self-report, clinical examination and functional testing for assessing work-related limitations in CLBP patients showed large considerable differences in limitations. Professional health care workers should be aware of these differences when using them in daily practice.

Keywords: Back pain, self-report, disability, assessment, functional capacity evaluation

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UPCOMING MEETINGS AND CONGRESSES

CONGRESSES TAKING PLACE IN 2005

- Annual Congress of the Swiss Societies of Physical and Rehabilitation Medicine and Rhumatology, 29 & 30 September, Davos, Switzerland – visit [www.rheuma-net.ch](http://www.rheuma-net.ch)
- 44th Annual Meeting of the Int Spinal Cord Society (ISCoS), 4-8 October 2005, Munich, Germany, visit [www.iscos.org.uk](http://www.iscos.org.uk)
- 4th International Course on the Hand, 24 to 28 October 2005, Bodrum, Turkey, visit [www.vitalmedbodrum.com](http://www.vitalmedbodrum.com)
- International Conference on CP Rehabilitation, 1st & 2nd November, 2005, Patna, India, Contact: cpr2005@rediffmail.com
- 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](http://www.simfer.it)
- New Zealand Rehabilitation Association Conference, 17 to 19 November 2005, Auckland, New Zealand. Contact: samira@adhb.govt.nz
UPCOMING YEARS

- 34th Annual Conference of the Indian Association of Physical Medicine and Rehabilitation, 20-22 January 2006, Mumbai, India. Contact vamaevents@yahoo.co.in
- 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@worldpdconference.org
- 17th National Congress with international participation: Pain in Rehabilitation Medicine, 17 & 18 March 2006, Ljubljana, Slovenia – Contact marincek.crt@mail.ir-rs.si
- 26th Annual Scientific Meeting of the Australian Pain Society, 9-12 April 2006, Grand Hyatt Hotel, Melbourne, Australia – visit www.apsoc.org.au
- 14th Annual Meeting of the Australasian Faculty of Rehabilitation Medicine (AFRM), 2-5 May 2006, Cairns, Australia, visit: www.racp.edu.au/afrm
- 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
- XXX Congresso Brasileiro de Medicina Fisica e Reabilitacao, July 12-15 2006, Belo Horizonte, Brazil: visit www.rhodeseventos.com.br
- 5th Int. Congress on Spondyloarthropathies, 12-14 October 2006, Gent, Belgium, Visit www.medicongress.com
• 22th, Congress of the Latin-American Medical Association, November 8-12, 2006, Veracruz, Mexico, contact jmguzman@avantel.net

• 66th Annual Assembly of the AAPMR, 9-12 November 2006, Honolulu, Hawai, 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


• 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, lkullmann@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

• Annual Congress 2007 SOFMER (French Society on PM&R), 4-6 October 2007, Rennes- St Malo, France – contact gdekorvin@cpa-sante.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 Marincek marinecek.crt@mail.ir-rs.si

• 70th Annual Assembly of the AAPMR, 20-23 November 2008, San Diego, USA – www.aapmr.org


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