



INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – SEPTEMBER 2005

PRESIDENT'S CABINET

Linamara Battistella
President

Haim Ring
Past President

Chang-Il Park
President Elect

Joel DeLisa
Vice President

Marta Imamura
Secretary

Martin Grabojs
Treasurer

HONORARY PRESIDENT

John L. Melvin

REGIONAL VICE PRESIDENTS

Abdulla A.M. Eyadeh
Africa & Middle East

Sae-Il Chun
Asia & Pasific

Matilde de Mello Sposito
*Caribbean, Latin, Central
& South America*

Christoph Gutenbrunner
Europe

Andrew Haig
North America/Canada

Representatives

National Societies
Xanthi Michail

Individual Members
Gulseren Akyuz

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 Psychiatrists, 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,



INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – SEPTEMBER 2005

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. Abdillah 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 can 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; Neurophysiology & 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 where 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.

Reference: Abdeen H. A new look at disabilities. Bridges 1: 3; 2005.



INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – SEPTEMBER 2005

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

Project manager for the EU campaign connected with the 2003 European Year of People with Disabilities – for more information on the Year, see <http://www.comhairle.ie/publications/relate/eusuppsep2003.pdf>

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/>



INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – SEPTEMBER 2005

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”

Disability & Rehabilitation

Publisher: Taylor & Francis

Issue: Volume 27, Number 11 / 3 June 2005

Pages: 643 - 648

URL: Linking Options

DOI: 10.1080/09638280400018429

The work of rehabilitation

GS Dixon A1 and TH Caradoc-Davies A2

A1 ISIS Rehabilitation Centre, Otago District Health Board, Dunedin, New Zealand

A2 University of Otago, New Zealand

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

Disability & Rehabilitation

Publisher: Taylor & Francis

Issue: Volume 27, Number 14 / July 2005

Pages: 809 - 815

URL: Linking Options

DOI: 10.1080/09638280400018650

Usefulness of BFB/EMG in facial palsy rehabilitation

Elena Dalla Toffola A1, Daniela Bossi A1, Michelangelo Buonocore A2, Cristina Montomoli A3, Lucia Petrucci A1, Enrico Alfonsi A4

A1 Physical Medicine and Rehabilitation, University of Pavia, IRCCS Policlinico S. Matteo, Pavia, Italy

A2 Clinical Neurophysiology Unit, IRCCS Maugeri Foundation, Scientific Institute of Pavia, Italy

A3 Department of Applied Health Sciences, Section of Epidemiology and Statistics, University of Pavia, Italy

A4 Clinical Neurophysiology Unit, IRCCS C. Mondino, Pavia, Italy

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' 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



INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – SEPTEMBER 2005

Disability & Rehabilitation

Publisher: Taylor & Francis

Issue: Volume 27, Number 15 / July 2005

Pages: 901 - 910

URL: Linking Options

DOI: 10.1080/09638280500030589

An organizational perspective on goal setting in community-based brain injury rehabilitation

Grahame Simpson A1, Michele Foster A3, Pim Kuipers A2, Melissa Kendall A4, Joe Hanna A1

A1 Brain Injury Rehabilitation Unit, Liverpool Health Service, Sydney, Australia

A2 Centre of National Research on Disability and Rehabilitation Medicine, University of Queensland, Australia

A3 Social Policy Research Unit, University of York, UK

A4 Transitional Rehabilitation Program/Acquired Brain Injury Outreach Service, Princess Alexandra Hospital, Brisbane, Australia

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 (1996–1997, 1998–1999), 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

Disability & Rehabilitation

Publisher: Taylor & Francis

Issue: Volume 27, Number 16 / August 2005

Pages: 917 - 923

URL: Linking Options

DOI: 10.1080/09638280500030506

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

Elizabeth LM Barr A1, Colette Browning A2, Stephen R Lord A3, Hylton B Menz A3, Hal Kendig A4

A1 School of Public Health and Community Medicine, University of New South Wales, Sydney, Australia

A2 School of Public Health, La Trobe University, Victoria, Australia

A3 Prince of Wales Medical Research Institute, Randwick, New South Wales, Australia

A4 Faculty of Health Sciences, University of Sydney, Australia

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 \pm 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 timed '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



INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – SEPTEMBER 2005

Disability & Rehabilitation

Publisher: Taylor & Francis

Issue: Volume 27, Number 17 / 2 September 2005

Pages: 999 - 1005

URL: Linking Options

DOI: 10.1080/09638280500052823

Comparing self-report, clinical examination and functional testing in the assessment of work-related limitations in patients with chronic low back pain

S Brouwer A1, A2, PU Dijkstra A1, A2, A3, RE Stewart A2, LNH Göeken A1, JW Groothoff A2, JHB Geertzen A1, A2
A1 Centre for Rehabilitation, University Medical Centre Groningen, University of Groningen, Groningen, The Netherlands
A2 Northern Centre for Health Care Research, University Medical Centre Groningen, University of Groningen, Groningen, The Netherlands
A3 Department of Oral and Maxillofacial Surgery, University Medical Centre Groningen, University of Groningen, Groningen, The Netherlands

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 κ 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 from 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

NEWS & VIEWS EDITORIAL BOARD

The ISPRM News & Views Editorial Board consists of:

Editors Nicolas Christodoulou chrisfam@logosnet.cy.net
 Werner Van Cleemputte isprm@medicongress.com

Co-editors John Melvin; Martin Grabis; Chang-il Park; Gulseren Akyuz; Naoichi Chino; Alessandro Giustini;
 Tarek S. Shafshak; Li Jianan; Mark Lissens; Anton Wicker; Sae-il Chun; Mohd Taslim Uddin;
 Gerold Stucki; William Peek; Peter Disler; Biering Sorensen; Haim Ring, Joel DeLisa, Mark Young,
 William Micheo, Tae Mo Chung

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



INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – SEPTEMBER 2005

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>

CONGRESSES TAKING PLACE IN 2005

- **130th Annual Meeting of the American Neurological Association**, September 25 - 28, 2005
San Diego, CA, USA, <http://www.aneuroa.org/annual.htm>
- **Annual Congress of the Swiss Societies of Physical and Rehabilitation Medicine and Rheumatology**. 29 & 30
September, Davos, Switzerland – visit 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
- **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
- **Rehabilitation International Arab Conference**, "Disability Rights in a Changing Worlds" , November 14-16, 2005,
Kingdom of Bahrain, For more information: www.bah-molsa.com
- **New Zealand Rehabilitation Association Conference**, 17 to 19 November 2005, Auckland, New Zealand. Contact:
samira@adhb.govt.nz
- **Belgian Society of Physical Medicine and Rehabilitation**, 2-3 December 2005. Brussels, Auditorium KBC – Visit
www.medicongress.com
- **11th International Symposium on Neural Regeneration**, 14-18 December, 2005, Asilomar Conference Center, Pacific
Grove, California, USA: Visit www.vard.org/neural/neural.htm



INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – SEPTEMBER 2005

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@worldpdcongress.org
- **42nd Annual AAP Educational Conference of the Association of Academic Physiatrists**, 28 February - 4 March 2006, New Orleans, LA, USA – visit www.physiatry.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
- **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



INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – SEPTEMBER 2005

- **22th, Congress of the Latin-American Medical Association**, November 8-12, 2006, Veracruz, Mexico, contact jmguzman@avantel.net
- **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
- **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 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



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

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.