MESSAGE BY THE PAST-PRESIDENT
Joel A. DeLisa

Dear friends and colleagues,

This is my final report as President of ISPRM. It has been my honor and pleasure to serve as your President. Since the ISPRM Istanbul meeting, I attended the 2nd AOCPRM meeting in Taipei, Taiwan (April 29 – May 2, 2010), the 17th European Congress PRM (May 25-27, 2010), and the AMLAR 2010 meeting (August 25-28, 2010). Since the Istanbul 2009 Congress, I have established three ISPRM task forces; WHO Women and Health (Areeat Suputtitada, Chair), International PRM Societies (Alessandro Guistini, Chair), and Research (Marco Franceschini, Chair). I have also established the WHO subcommittee entitled, Relief Disaster (chaired by Jianan Li).

At the Taiwan Retreat in April 30 to May 2, 2010, 18 officers and committee chairs were present. The following issues were approved to be brought forward to the BOG:
1. To hold a yearly World Congress;
2. Application for World Congress will be made four (4) years prior to the projected dated (it was previously six [6]).
3. Possible call for a 2014 Congress.
5. Finalization of a 2010 management agreement with Werner Van Cleemputte.
6. Finalizing a draft contract between ISPRM and the Chinese Society of Physical Medicine and Rehabilitation under the Chinese Medical Association and the Chinese Association of Rehabilitation Medicine for the 2013 Beijing World Congress.
7. Support for a Congress structure and topic list (blueprint).

These are some very important By-Laws and Policy and Procedure changes from the Istanbul BOG and the Taiwan Retreat that will be presented for consideration at this BOG meeting.

Electronic voting was utilized to approve the minutes from the President’s Cabinet, the Executive Committee and the BOG from the Istanbul meeting. This process worked well.

The 2010 budget was approved, and the 2011 budget will be presented. We do not have enough revenue (dues and conferences) currently to meet our programmatic needs. We are almost completely dependent upon unpaid volunteers, and we need more. The Society needs to find and develop more leaders. Not enough work occurs in most committees between meetings.

A contract between ISPRM and the Republic of China with respect to its 2013 World Congress has been completed. This will be the template to future Congress contracts.

The 2012 intermediate Congress venue will be selected.

A process has been devised to approve educational products.

Our website continues to mature. Our electronic publications news and views will have a different layout. Its’ success will be dependent upon content provided by the membership.
I want to thank the WHO Liaison Committee and especially Jan Reinhardt for submitting the ISPRM report on activities conducted with regard to the ISPRM WHO collaborative plan 2008-2010.

Issues with respect to our central office registration status, our management contract, directors and officers liability insurance, signature authority and evaluation process are still outstanding.

I want to thank the President’s Cabinet and John Melvin for their support during my Presidency.

**ACCOMPLISHMENTS: PARTIAL & FULL**

1. **Reorganization**
   a. Changed structure – Assembly, Executive Committee
      i. Clarified roles
   b. Simplified committee formation process

2. **Selection of a single journal: JRM**
   a. ISPRM and Scientific Journal Policies and Guidelines

3. **Increased involvement in W.H.O.**
   a. New collaboration agreement
   b. Subcommittee – Disaster Relief

4. **Facilitated voting**
   a. Clarified procedures
   b. Initiated electronic process

5. **Education Products on Website**

6. **Annual Congress**

7. **Research Task Force- “Promote, not Do”**

8. **Other Committees & Task Forces**

9. **Retreats**

10. **More interaction with regional societies**

11. **Minimum Curriculum – SCI, TBI, Research**

**ONGOING ISSUES**

- Change in structure – step wise approach
- Annual Congresses
  - Rotation?
  - Role of Central Office
  - Role of ISPRM technical Program Committee
  - Standardized meeting structure

**PENDING ISSUES**

1. Effective Management of the Society in a Management Company; Executive Director
2. Rehabilitation strategies after natural disaster
3. Role of Regional Societies
4. Link between ISPRM and National Societies
5. Role of Regional Vice President
6. Individual members with respect to Assembly – number, nomination process, role
7. Membership Commitment
8. Financial Stability – need increased financial resources (Developing economic model)
9. Relationship to other International groups: Rehabilitation International, Andy Haig’s Group
10. Marketing Campaign?
11. Sponsors/Sponsorships
Activities of the ISPRM Education Committee

Marta Imamura, chair

Committee Members: William Micheo (Puerto Rico, USA), Nachum Soroker (Israel), Alain Delarque (France), Andrew Cole (Australia), Massami Akai (Japan), Franco Franchignoni (Italy), Gerald E. Francisco (USA), David A. Cassius (USA), Bryan O’Young (USA), Henry L. Lew (USA), Simon Tang (Chinese Taipei), Gunes Yavuzer (Turkey), Farzan Torkan (Iran), Seong Woong Kang (Korea), Xiaojie Li (China), Jean Michel Viton (France), Juan Lacuague (Uruguay).

I. ISPRM Educational Committee Meetings

Since the last Board of Governors meeting held in Istanbul in 2009, members of the education committee participated in two meetings in 2010:

1. During the 2nd Asia Oceania Congress of Physical and Rehabilitation Medicine in Taipei, Taiwan, May 1st, 2010.

   Members present: Marta Imamura, Henry Lew, Masami Akai, David Cassius, Andrew Cole, Gerard Francisco, Alain Delarque, Farzaneh Torkan, Walter Frontera (Chair, Publication’s committee, by invitation) Christoph Gutenbrunner (by invitation). The committee members identified several goals and to be accomplished until the next BOG meeting in Cyprus:

   1.1. Develop the minimum curriculum for the PRM residents as well as medical students;
   1.2. Generate and maximize current and future resources to sustain the educational activities;
   1.3. Engage in research activities and publications related to clinical practice;
   1.4. Identify and make public the available international rotation and program for exchange students/residents;
   1.5. Train physiatrists to do good research, starting with systematic reviews and meta-analysis of relevant literature;

   Also, some recommendations and suggestions were made at the meeting:

   1.6. Provide options to the educational monographs that do not get published in JRM as the education reviews: publish in ISPRM website, publish in News and Views, and publish in ISPRM’s associated journals;
   1.7. Create an undergraduate subcommittee to set up some basic principles as well as aims of curricula, structure (model), teaching methods, and topic areas. Prof. Christoph Gutenbrunner has been appointed as the subcommittee chair and charged to submit the material to the committee. Some raised issues were that the rehabilitation strategy and PRM should be a mandatory part of the curriculum of medical schools, medical students can be introduced to the principles of rehabilitation and the ICF (International Classification of Functioning) model in the first year of training, more specific topics can be taught in clinical modules in 4th and 5th year in the European system, and the implementation will be different according to national and regional rules;

   1.8. Develop official educational workshops to be implemented and monitored by the ISPRM;
   1.9. Spread knowledge via educational papers published in agreements with journals such as Journal of Rehabilitation Medicine (JRM), the European Journal of PRM (EJPRM), Annals of Physical and Rehabilitation Medicine (APRM) and the Journal of Physical and Rehabilitation Medicine Stuttgart;
   1.10. Utilize the e-book on education: on the basis of free access, full text and original text available for free on the website of the UEMS PRM Board at www.euro-prm.org;
   1.11. Provide supporting activities for residents – example of existing programs: During the European congress, they provide free accommodation and free course for residents and lectures are recorded and made available on line;

   2. During the Seventeenth European Congress in Venice, Italy, on May 25th, 2010: 4:00 pm - 5:30 pm. Attendees: Marta Imamura, Bryan O’Young, Nachum Soroker, Seyed Mansoor Rayegani (on behalf of Farzan Torkan from Iran), Alain Delarque, David Cassius.
Objectives: to identify the current status of the three WAPIE.PRM goals:

2.1. Minimum core curriculum for PRM residents:
- SCI, acquired TBI and research curriculum completed, submitted and approved in Istanbul, 2009
- Other curriculum submitted to educational committee but not completed: Amputees, musculoskeletal, pediatrics, geriatrics, stroke, pediatrics, chronic pain, cardiac, pulmonary, cancer and neuro rehabilitation
- Not submitted to educational committee: EMG and burn rehabilitation
- Members were encouraged to finalize the report on each of the PRM topics not completed

2.2. Minimum core curriculum for undergraduate students:
- Dr. Gutenbrunner was charged to chair a sub-committee to produce the minimum core curriculum for undergraduate students during the ISPRM Education Committee meeting in Taipei. The goal is to better understand the current exposure of medical students from different medical schools around the world to PRM and produce the recommendations from the ISPRM Education Committee.
- The PRM Board of the European Union of Medical Specialties had prepared a report on the curriculum of undergraduate teaching program on disabled persons in medical schools and an e-book on education for PMR trainees. These will be published by the end of this year. The educational committee will need to ask permission from the PRM Board of the EUMS to make the above publications available on the ISPRM website.

2.3. Research
A task force was created in Taipei to address the issue of Research in PRM.

2.4. Other topics
- To identify top 10 topics and produce educational and didactic materials on these topics to be published in the website;
- Papers and presentations submitted to the 2nd World Congress of the ISPRM in Prague, Czech Republic were categorized and the number of papers in each category was determined. The idea is to expand this action to most previous PRM Congresses. The importance is to conceptualize the structure and hierarchy of the entire taxonomy of PRM subjects of interest. The same infrastructure was constructed for the organization of the educational materials in the website and the idea is to rapidly recruit substantial educational materials. For this purpose members of the education committee suggested their areas of expertise to provide such materials to the education committee session of the website;
- To identify financial sponsorship for the educational committee: Dr. Soroker and his team were credited for their dedicated work in the past and these efforts should somehow be remunerated. The idea is to create an educational fund coming from sponsorship donations from pharma, medical devices companies or other sources. Prof. Grabois (treasurer) stated after the meeting that this action is possible and easy to perform: he will create a subsection named Education Committee Project.

2.5. Website activities under Education
2.5.1. Journal club activities
- Activities of the journal club will be made more accessible, via an off-line availability
- Rotation of the schedule time in each year to allow people from different time zones to have easier access to the journal club activities

2.5.2. Educational materials
- Recruit and place in the website important educational materials such as review and position papers produced by senior ISPRM members and published elsewhere in the past;
- Educational committee members, President’s Cabinet and Executive Committee members will be given two weeks to comment on products of the work of the educational committee in need of approval. If there are no comments provided or the material is approved by all members, the educational products will be placed within the members only sections of the website, and will be made available for all registered members in good standing.
- Potential continuing medical education (CME) for ISPRM conferences
II. World Action Plan on Initial Education in PRM (WAPIE.PRM)

The "World Action Plan for Initial Education" (WAPIE.PRM), originally an international expansion of the European work plan for initial education in Physical and Rehabilitation Medicine, was created in Seoul on June 14th, 2007 and has three main objectives:

1. to create an undergraduate and postgraduate minimum curricula endorsed by ISPRM that could be used at an international level;
2. to facilitate access to the best level of education in PRM for the PRM trainees during their postgraduate teaching and training programs;
3. to facilitate access to research and research activities to the PRM trainees.

In 2010, all ISPRM Regional Congress further discussed the educational issues as part of the scientific program: 2nd Asian Oceania Congress of Physical and Rehabilitation Medicine held in Taipei, Taiwan; 17th European Congress of the European Society of Physical and Rehabilitation Medicine held in Venice, Italy; XXIV Congreso de la Asociación Médica Latinoamericana de Rehabilitación (AMLR 2010) held in Cartagena de Indias, Colombia.

The current activities of the "World Action Plan for Initial Education" (WAPIE.PRM) are as follows:

1. to create an undergraduate and postgraduate minimum curricula endorsed by ISPRM that could be used at an international level:
   1. The committee has identified existing Physical and Rehabilitation Medicine programs offered at residency or postgraduate teaching and training programs in USA (82), Europe (70), China (23), Brazil (11), Mexico (11), Venezuela (7), Colombia (6), Peru (2), Iran (2), Dominican Republic (1) and Panama (1).
   2. A draft of the undergraduate essential curricula was produced by Prof. Gutenbrunner. Together with the recommendations from the White Book of the Association of Academic Physiatrists (AAP), a draft document was produced and will be discussed during the ISPRM Education Committee Meeting to be held in Limassol, Cyprus, September 28th, 2010.
   3. All postgraduate minimum curricula endorsed by ISPRM that could be used at an international level were also produced based on existing programs that were submitted to the committee by committee members and other well recognized PRM specialists. The content of the curricula will also be discussed during the ISPRM Education Committee Meeting to be held in Limassol, Cyprus, September 28th 2010. Most curricula outline the general concepts and topics that should be covered during the rotations (USA, Brazil, China, Korea, Japan, and Iran). The most detailed and comprehensive curriculum is described by the Australasian Faculty of Rehabilitation Medicine in terms of tasks, knowledge and suggested learning resources. The curricula used in the University of Toronto and in the United States also address skills and attitudes that should be obtained after the completion of the programs. It should be emphasized that the minimum or essential curricula is just a display of topics. Each program and country should use it accordingly and only if needed.

2. Facilitate access to the best level of education in PRM for the PRM trainees during their postgraduate teaching and training programs:
   4. Educational materials such as review and position papers produced by senior ISPRM members and published elsewhere in the past are uploaded in the website under the structure and hierarchy of the taxonomy of PRM subjects of interest. Materials were provided by committee members and approved by the Committee members, President’s Cabinet and Executive Committee members.
   5. The response to the survey submitted to PRM residency program directors in order to identify top 10 topics and produce educational and didactic materials on these topics to be published in the website is as follows (up to September 2010): The committee received the replies from 25 residency programs from 8 countries: Brazil (10), China (6), Iran (2), Mexico (2), Peru (2), Venezuela (1), Colombia (1), Dominican Republic (1).
RESULTS – 25 replies (8 countries):

II. P&RM in Orthopedic and Musculoskeletal Disorders
- H. Back and Neck Pain - 84%
- E4. Rehabilitation Following Bone Fractures and Reconstructive Orthopedic Surgery – 76%
- F. Rheumatic Conditions—Rheumatoid Arthritis; Osteoarthritis – 76%
- J. Orthopedic and Musculoskeletal Rehabilitation—Other – 72%

IV. P&RM Topics of General Interest:
- Q1. Rehabilitation in General Hospitals and in Rehabilitation Centers – 80%
- R1. Specialization in Postgraduate Education – 80%
- T3. Spasticity Management – 76%
- U7. Neuromuscular Functional Electrical Stimulation; Biofeedback – 72%

I. PRM in Neurological Disorders
- A1. Stroke & Other Diseases of the Brain – 76%
- A4. Disorders of Cognition, Language & Behavior – 76%
- B1. Spinal Cord Injury – 72%

6. Chairs of the scientific committees of the 3rd and 5th World Congresses of the ISPRM held in São Paulo, Brazil and Istanbul, Turkey provided the results of the number of papers and presentations submitted to both World Congresses according to the conceptualized structure and hierarchy of the taxonomy of PRM subjects of interest.

7. Implementation of the educational activities related to the most relevant topics from both sources of information will be introduced in the www.isprm.org website

3. Facilitate access to research and research activities to the PRM trainees:

3.1. Long-Distance Training
In order to train leaders in clinical research in Physical and Rehabilitation Medicine, the education committee is currently providing an intensive long-distance training course on Clinical Trials since 2008. The intensive Principles and Practice of Clinical Research Course is offered by the Department of Continuing Education, Harvard Medical School. The course aims to provide the participants with a theoretical understanding of the issues involved in the design, conduct, analysis, interpretation and report of clinical trials. The participants are being trained to develop skills to scrutinize information, to critically analyze and carry out research, and to communicate effectively. Our goal is to train the highest number of physiatrists to perform good quality clinical research, to increase the chances of successful grant applications and publication in high impact peer-reviewed journals and develop large clinical research centers for multicenter trials. Over 50 PRM doctors, including residents were already trained from 2008 to 2010.

3.2. Journal Clubs
The members-only session of the www.isprm.org website is providing an on-line Journal Club to teach ISPRM members to critically appraise scientific publications on diagnostic testing, cohort studies, randomized controlled trials, systematic reviews, meta-analyses and clinical guidelines focused on evidence based information. The JC activities were performed every first Tuesday of the month at GMT -3: 4pm-5:30pm. Registration to receive access to the virtual room can be performed at journalclub@fmusp.org.br. Participants will now be provided with an educational mileage card: the more they participate, the more educational miles they receive.


April 13th, 2010: Carville SF, et al. EULAR evidence-based recommendations for the management of fibromyalgia syndrome. Ann Rheum Dis 2008;67;536-541. The full paper can be downloaded from free at: http://ard.bmj.com/cgi/content/full/67/4/536. For this discussion it will be used the AGREE instrument (APPRAISAL OF GUIDELINES FOR RESEARCH & EVALUATION). Presented by Andrea D. Furlan, MD PhD. Assistant Professor at the Institute for Work & Health, Toronto, Canada


3.3. Research Taskforce
A taskforce for Research was created during the retreat in Taiwan, May, 2010. Chair of the committee is Prof. Marco Francheschin. The education committee will work in close collaboration with the taskforce.

III. Other issues
1. Evaluate the possibilities to introduce the technical training in PRM invasive procedures at the international level.

During the last BOG meeting in Istanbul, Prof. Delisa charged the education committee to evaluate the possibilities to introduce a training session on PRM invasive procedures. An initial plan to train PRM specialists on invasive procedures was proposed by Simon F.T. Tang during the 2nd Asia Oceania Congress of Physical and Rehabilitation Medicine.
In the 2nd Asian-Oceania Conference of Physical and Rehabilitation Medicine (AOCPRM), we have offered workshops and courses in clinical ultrasound ranging from basic understanding of anatomical concepts to intervention ultrasound guided injection treatments. During the past several years, physiatrists in Taiwan have published many outstanding papers on soft tissue ultrasound related topics. If the ISPRM is to endorse or provide accreditation to a training program to educate physiatrists in the proper use of ultrasound in soft tissue diagnosis and treatments in the field of rehabilitation medicine, Taiwan is more than willing to play this essential role. We propose the training programs to be divided into basic and advanced courses:

**Basic Course:**

- What is an ultrasound image? What you should know about an ultrasound image.
- How does an ultrasound machine work? What commercial probes are available and when to use them?
- The anatomical concepts of an ultrasound image.

Proposed training time: 12 hours.
Proposed number of physiatrists trained per year: 20.

**Advanced Course:**

- The concept of applying color Doppler ultrasound in diagnosing and identifying soft tissue tumors.
- Ultrasound guided soft tissue and peripheral joint aspiration and injection treatments.
- Ultrasound guided spine injection such as caudal epidural injections.

Proposed training time: 20 hours.
Proposed number of physiatrists trained per year: For those who have accomplished the basic course.

Chang Gung Memorial Hospital, Taiwan, is more than willing to organize the ultrasound training courses. We have physiatrists who are experienced in teaching ultrasound related topics.

**NEWS & VIEWS EDITORIAL BOARD 2008-2010**

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THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

NEWS & VIEWS – OCTOBER 2010

JOURNAL OF REHABILITATION MEDICINE
(Official journal of the ISPRM)

Issue 8, September 2010 (Volume 42)
Articles are accessible electronically for all ISPRM individual members (in good standing)

Development and bibliography of Journal of Rehabilitation Medicine
Gunnar Grimby

Use of the International Classification of Functioning, Disability and Health to describe patient-reported disability: A comparison of Guillain Barre syndrome with Multiple sclerosis in a Community cohort
Fary Khan, Bhasker Amatya, Louisa Ng

Validation of the London Chest Activity of Daily Living scale in patients with heart failure
Vitor Oliveira Carvalho, Rachel Garrod, Edimar Alcides Bocchi, Fabio Pitta, Guilherme Veiga Guimarães

Cost of walking, exertional dyspnoea and fatigue in individuals with multiple sclerosis not requiring assistive devices
Marco Franceschini, Anais Rampello, Federica Bovolenta, Aiello Marino, Panagiota Tsani, Alfredo Chetta

Comparing the validity of five participation instruments in persons with spinal conditions
Vanessa K. Noonan, Jacek Kopec, Luc Noreau, Joel Singer, Louise C. Mâsse, Hongbin Zhang, Marcel F. Dvorak

Comparing the reliability of five participation instruments in persons with spinal conditions
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DOI: 10.2340/16501977-0583

Feasibility of a new concept for measuring actual functional performance in daily life of transfemoral amputees
Patrick Theeven, Bea Hemmen, Caroline Stevens, Esther Ilmer, Peter Brink, Henk Seelen

Reproducibility of three self-report participation measures: The ICF Measure of Participation and Activities Screener, the Participation Scale, and the Utrecht Scale for Evaluation of Rehabilitation-Participation
Carlijn H. van der Zee, Annique R. Priesterbach, Luïkje van der Dussen, Albert Kap, Vera Schepers, Johanna M.A. Visser-Meily, Marcel W.M. Post

Long-term effects of rTMS on motor recovery in patients after subacute stroke
Won Hyuk Chang, Yun-Hee Kim, Oh Young Bang, Sung Tae Kim, Yun H. Park, Peter K.W. Lee

Evidence of reduced sympatho-adrenal and hypothalamic–pituitary activity during static muscular work in patients with fibromyalgia
Diana Kadetoff, Eva Kosek

Who waits for inpatient rehabilitation services in Canada after neurotrauma? A population based-study
Angela Colantonio, Gary Gerber, Mark Bayley, Raisa Deber, Hwan Kim, Junlang Yin

Validation of the comprehensive ICF Core Set for rheumatoid arthritis: The perspective of physicians
Christina Gebhardt, Inge Kirchberger, Gerold Stucki, Alarcos Cieza

Mode of hand training determines cortical reorganisation: A randomized controlled study in healthy adults
Christina Brogårđh, Fredrik W Johansson, Frida Nygren, Bengt H. Sjölund

Restoration of walking function in an individual with chronic complete (AIS A) spinal cord injury
Kathleen J. Manella, Juana Torres, Edelle C. Field-Fote

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UPCOMING MEETINGS AND CONGRESSES

ISPRM World Congresses

- **6th Congress** June 12 - 15, 2011  San Juan, Puerto Rico
- **7th Congress** June 16 - 20, 2013  Beijing, China
- **8th Congress** June 06 - 11, 2015  Berlin, Germany

Congresses on:

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

= congresses offering reduced registration fees for ISPRM members

2010

- **71st Annual Meeting of the AAPM&R**, 3-7 November, Seattle, Washington, USA. Visit [www.aapmr.org](http://www.aapmr.org)
- **XX CONGRESO ARGENTINO DE MEDICINA FÍSICA Y REHABILITACIÓN (SAMFYR)**, 4-6 November, Mar Del Plato, Argentina. Info: eoevent@fibertel.com.ar – Visit [www.samfyr.org](http://www.samfyr.org)
- **6th National Convention and Scientific Conference of the Bangladesh Association of PMR 2010**, Dhaka Sheraton Hotel, Dhaka, Bangladesh, 6-7 November. Visit: [www.bapmrbd.org](http://www.bapmrbd.org)  Contact: taslim@bdcom.com
- **7th Interdisciplinary World Congress on Low Back & Pelvic Pain**, 9-12 November, Hyatt Regency Century Hotel, Los Angeles, USA, Visit [www.worldcongresslbp.com](http://www.worldcongresslbp.com)
- **Introduction Disability and Development (course code 470588)**, Coordinator Wim H. van Brakel, 29 Nov-23 Dec, Amsterdam, The Netherlands. Contact h.cornielje@enablement.nl
- **22nd Annual National Forum on Q1 in Health Care, IHI**, 5-8 December Orlando, USA. Website: [www.ihi.org](http://www.ihi.org)
• 7th International Congress on Mental Dysfunction and other Non-motor Features in Parkinson’s Disease and Related Disorders, 9-12 December, Barcelona, Spain. Website: www.kenes.com/mdpd

• 1st IOF Asia-Pacific Meeting on Osteoporosis, 10-13 Dec, Singapore. Contact: nakhmisse@iofbonehealth.org
  Visit www.iofbonehealth.org/singapore-2010.html

2011

• International Stroke Conference 2011 and State of the Art Stroke Nursing Symposium. 8-11 February, Los Angelos, USA. Website: www.strokeconference.org

• 2011 Combined NZRA/NZIRR/RDRT NZ Rehabilitation Biennial Conference, 3-6 March, Hyatt Regency Auckland, New Zealand. Website: www.nzrehabconf2011.co.nz

• XII Congress of the Portuguese Society of PRM (SPMFR), 10 to 12 March 2011, Algarve, Portugal. Website: www.congressospmfr.org and www.spmfr.org


• 7th International Association of Gerontology and Geriatrics – Euro Region Congress. 14-17 April, Bologna, Italy. Website: www.iaggbologna2011.com

• Australasian Musculoskeletal Imaging Group (AMSIG) 2011 Annual Meeting, 6-8 May, Rydges Lakeside, Canberra. Email: charee@iceaustralia.com Website: www.iceaustralia.com

• RACP Annual Congress. Darwin Convention Centre, 22-25 May, Darwin, Northern Territory, Australia. Email: racp@racp.edu.au

• 20th European Stroke Conference. 24-27 May, Hamburg, Germany. Website: http://www.eurostroke.org

• 21st Conference, EWMA. 25-27 May, Brussels, Belgium. Website: http://ewma.org

• 8th Annual World Congress on Brain, Spinal Cord Mapping & Image Guided Therapy, June 8-10, San Francisco, USA Visit: www.worldbrainmapping.org

• Second World Congress on Medical Rehabilitation in Rural and Developing Regions (in conjunction with the ISPRM World Congress), 11-12 June, University of Puerto Rico, San Juan. Topic Submissions and info: tomhaig@hotmail.com

6th ISPRM World Congress,
June, 12 - 16, 2011, San Juan, Puerto Rico
www.isprm2011.org
INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

THE RESULT OF THE MERGER AND INTEGRATION OF IRMA AND IFPMR

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• 6th World Physical Therapy Congress, 20-22 June, Amsterdam, The Netherlands. Website: www.wcpt.org/congress

• International Puijo Symposium Ageing and Disability, Current Evidence, 28 June-1 July, Kuopio, Finland. Visit www.puijosymposium.org

• European Conference on Post Polio Syndrome, 31 August-2 September, Copenhagen, Denmark. Visit www.polioconference.com

• European Conference on Post Polio Syndrome. 31 Aug – 2 Sept, Copenhagen, Denmark. Website: www.polioconference.com

• 19th Annual Scientific Meeting of the Australasian Faculty of Rehabilitation Medicine. Conjoint Meeting with ANZSC0S. 13-17 September, Brisbane, Queensland. Email: spinalrehab2011@tcc.co.nz

• 23rd International Congress of Lymphology. 19-23 September, Malmo, Sweden. Website: www.lymphology2011.com

• Translating Evidence into Practice – 10th International IACFS/ME Research and Clinical Conference. 22-25 September, Ottawa, Canada. Website: http://www.mefmaction.net/

• Ageing Well Together – Regional Perspective; 9th Asia/Oceania Regional Congress of Geriatrics and Gerontology. 23-27 October, Website: http://www.ageing2011.com/

• 7th European Congress of Sports Medicine and 3rd Central European Congress of Physical Medicine and Rehabilitation in 26-29 October, Salzburg, Austria. Website: www.sportsmed-pmr-2011.at

• 26th Annual Meeting of the North American Spine Society, 1-5 November, Chicago, USA. Website: www.spine.org

• International Multidisciplinary Forum on Palliative Care. 11-14 November, Budapest, Hungary. Website: www.imfpc.org

• XXth World Congress of Neurology. 12-18 November, Marrakesh, Morocco. Website: www2.kenes.com/wcn/Pages/.aspxHome

• 72nd Annual Assembly of the AAPM&R. 17-20 November, Orlando, Florida, USA. Website: www.aapmr.org

2012

• Ninth World Congress on Brain Injury, 22-25 March, Edinburgh, Scotland, Visit: www.internationalbrain.org/

• 7th World Congress of Neurorehabilitation, Innovations in NeuroRehabilitation, in conjunction with 20th ASM of the AFRM and the 35th Annual Brain Impairment Congress for the Australian Society for the Study of Brain Impairment (ASSBI), 15 -19 May, Melbourne, Australia. Email: wcnr2012@dcconferences.com.au website: www.dcconferences.com/wcnr2012
• **3rd Conference of the Asian Oceania Society of PRM (AOSPRM)**, 17-19 May, Bali, Indonesia. Contact: aosprmbali@pharma-pro.com

• **Spineweek.** Third Combined Congress of the Different Spine Societies, 27 May - 1 June, RAI Amsterdam, The Netherlands. Info congresses@medicongress.com – Website www.spineweek2012.org

• **18th European Congress of Physical & Rehabilitation Medicine.** “Science & Art in Physical & Rehabilitation Medicine”, 28 May - 1 June, Macedonia Palace Hotel, Thessaloniki, Greece Info: info@esprm2012.eu. Website www.esprm2012.eu


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73rd Annual Assembly of the AAPM&R, in conjunction with the ISPRM Interim Board Meeting 15-18 November, Atlanta, Georgia, USA. www.aapmr.org

2013

7th ISPRM World Congress, June 16 – 20, 2013, Beijing, China www.isprm2013.org

2014

8th ISPRM World Congress, June, 2014, TBD www.isprm2014.org

2015

9th ISPRM World Congress, June 06 – 11, 2015, Berlin, Germany www.isprm2015.org