

Official Newsletter of the International Society of Physical and Rehabilitation Medicine

January - February 2011

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PRESIDENTIAL ADDRESS



President of the ISPRM

Gerold Stucki (President), Jan D. Reinhardt (Secretary WHO Liaison Committee), Andy Haig (Vice Chair Sub-committee on Rehabilitation Disaster Relief), Christoph Gutenbrunner (Chair WHO Liaison Committee) & Jianan Li (Chair Sub-committee on Rehabilitation Disaster Relief)

Natural Disasters and Medical Rehabilitation

From 2010 up until now 414 natural disasters including earthquakes, floods, tidal waves (tsunamis), landslides, storms, volcanic eruptions as well as droughts have been noticed worldwide. These have affected around 29 million persons and caused 302158 reported deaths according to information of the Centre for Research on the Epidemiology of Disasters (CRED - <http://www.emdat.be>).

Natural disasters, i.e. sudden ecological disruptions or threats that exceed the adjustment capacity of the affected community and require external assistance¹, have a tremendous public health impact.

They cause an abrupt rise of major and minor injuries (see figure 1) leading to acute or chronic experiences of disability in the affected population. Even untreated minor injuries such as infected wounds may create long lasting disability. In addition, natural disasters are most likely to disproportionately and more harshly affect persons with pre-existing disabilities in the disaster zone. Problems may involve the loss of assistive devices, destruction of rehabilitation services, and increased problems in accessing goods for the satisfaction of basic needs such as food and clean water².

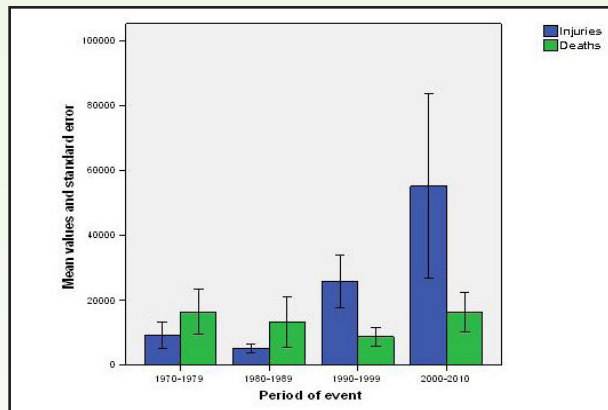


Figure 1: Reported injuries and deaths due to natural disaster from 1970 to 2010 (error bars indicate standard errors)

An important role of medical rehabilitation in acute as well as long term relief action seems a logical imperative. However, in spite of this logic, medical rehabilitation is largely neglected in disaster relief planning and action. If at all, it is treated as a minor contribution to be applied in a relatively late relief stage. The importance of medical rehabilitation in the acute phase of disaster relief action, e.g. in using windows of opportunity for intervention or reducing length of stay in over-crowded hospitals is often not accounted for.



This problematic state is further exacerbated as natural disasters oftentimes strike lower-resourced regions of the world in which rehabilitation services are usually underdeveloped. Policy makers are not aware of the importance of rehabilitation as major public health strategy and negative cultural attitudes towards disability and rehabilitation may prevail.

The ISPRM has, therefore, founded a Sub-Committee of its WHO Liaison Committee on Rehabilitation Disaster Relief (RDRC)³. Its mission has been defined as “to effectively focus the resources of ISPRM and its members to optimize health, functioning and quality of life of persons who sustain injuries or impairments after large-scale natural disasters”.

ISPRM World Congresses

2011
6th ISPRM World Congress

June, 12 - 15, 2011
San Juan, Puerto Rico



2013
7th ISPRM World Congress

June 16 – 20, 2013, Beijing, China



2015
8th ISPRM World Congress

June 2015, Berlin, Germany



Natural Disasters and Medical Rehabilitation (continue)

The RDRC of ISPRM will hold a first Symposium on International Rehabilitation Disaster Relief at the 6th ISPRM world conference in San Juan, Puerto Rico, June 12-16, 2011. A call for papers can be found in this News & Views issue as well as the ISPRM website.

We hope that ISPRM will, together with its collaboration partners and members from around the world, become an important contributor to minimizing experiences of disability and promoting the health and safety of persons with disabilities in the course of natural disasters.

In the end, every disaster may also bear a chance for building inclusive societies and sustainable rehabilitation services.

1. World Health Organization. *Emergency care in natural disasters. Views of an international seminar. WHO Chron. Mar 1980;34(3):96-100.*
2. WHO - Department of Injuries and Violence Prevention. *Disasters, Disability and Rehabilitation. 2005; http://www.who.int/violence_injury_prevention/other_injury/disaster_disability2.pdf. Accessed September 10, 2010.*
3. Stucki G, Reinhardt JD, Immamura M, Li J, DeLisa JA. *Special Report - Developing the International Society of Physical and Rehabilitation Medicine (ISPRM): Following through J Rehabil Med. 2011;43:1-7.*

ISPRM Symposium on Rehabilitation Disaster Relief

At the ISPRM world conference in Puerto Rico 2011, Monday June 13, 13.30-17.30 h

Call for papers

Natural Disasters result in a sudden onslaught of huge numbers of catastrophic and disabling impairments including spinal cord injuries (SCI), traumatic brain injuries (TBI), limb amputations, long bone fractures and peripheral nerve injuries.

Nonetheless, traditional health system response to disasters neglects rehabilitation as one major health strategy. In addition, in those regions within which disasters have the strongest effects on morbidity and people's functioning, health system capacity and rehabilitation services are usually underdeveloped. The neglect of rehabilitation in the acute and mid-term phase after disasters leads to even further limiting effects on health system capacity due to extended length of stay and bound resources in existing health care settings. Moreover, international rehabilitation disaster relief efforts are difficult to organize because of a lack of exchange between international organizations of the rehabilitation professions, resource constraints, difficulties in the assessments of needs of newly disabled persons as well as persons with existing disabilities within the disaster affected regions, and eventually problems in the coordination of available resources.

The International Society of Physical and Rehabilitation Medicine (ISPRM) has thus founded a Sub-Committee dedicated to Rehabilitation Disaster Relief (RDRC). Under the umbrella of ISPRM's RDRC, a first Symposium on Rehabilitation Disaster Relief will be held on Monday, June 13, 1.30 to 5.30 pm during the ISPRM World Conference in Puerto Rico 2011. The Symposium aims at improving our knowledge base on Rehabilitation Disaster Relief. Papers are welcome on the

- Epidemiology of disability in natural disaster (including vulnerability of persons with pre-existing disabilities)
- Assessment methods of needs and problems of persons with disabilities in natural disaster
- Training of rehabilitation responders to disaster
- Effectiveness and cost-effectiveness of rehabilitation interventions after natural disaster
- Current challenges in rehabilitation service provision and intervention strategies in disaster victims with disabilities
- Policies to raise awareness about medical rehabilitation as major health strategy after natural disaster in the acute as well as post-acute relief phase

Abstracts for the presentation of papers can be submitted online at:

<http://abstracts.flexmax.eu/isprm2011/disaster/>

Deadline for abstract submission is March 31 2011.

ISPRM NEWS

The ISPRM Central Office

By Werner van Cleemputte, ISPRM Executive Director



The Central Office of ISPRM is located in Assenede, Belgium in a small street called Kloosterstraat (Cloister street) just at the border with Holland. The building is a small chateau that formerly was a brewery of famous Belgian beers. It dates back to the 18th century and still has glass in lead windows with beautiful hunting designs. The chateau has a chimney with inscription "1684" and old style hand crafted Delft blue tiles on the side. In the entrance gate there is a canon bullet fixed, originally from the Napoleon battle.

The Central Office has a number of important tasks including matters related to membership (individual and national) and daily secretarial tasks. At the beginning, one of the first tasks of the Central Office was to set up a database of appropriate files and membership lists including those in the archives. Over the last 10 years we have updated this database and have seen the society grow significantly. We now have more than 500 individual members and 40 national societies in several continents. Thus our Assembly of Delegates (formerly called the Board of Governors) is now a much larger group of delegates coming from all over the world.

Every year a major task for the Central Office is to collect the membership fees from individuals as well as from national societies. This is now done every year by March 31 at the latest in order to assure that all members receive the benefits including access to the electronic version of the Journal of Rehabilitation Medicine. The Central Office collects membership fees for individual members through credit card and cash payment only. Bank transfers are not accepted as bank costs on international money wires sometimes exceed the membership fee that is charged. Membership and payment certificates are all distributed through email in PDF format.

Another important task of the Central Office is to prepare the different meetings of the ISPRM. The months prior to the yearly Assembly of Delegates is always a very hectic period as we have the preparation of the Book of Reports as well as the scheduling of all board and committee meetings. During the week of the meetings we are permanently available for all matters concerning the management of the events such as registration. Finally, we have the task to prepare the minutes after the meetings and to follow up on all issues that were discussed.

The Central Office is also involved in other administrative issues such as payment of bills, contacts with international associations, responding to question received via the website, and issues related to the official journal of ISPRM. It serves as the liaison between the members and the society in general.



Werner van Cleemputte

ISPRM Research Task Force

One of the main objectives of the ISPRM is to improve the level of research all over the world. For this reason the ISPRM Executive Committee has decided to create a Task Force to develop a plan of action to foster rehabilitation research. The members of the Task Force are Marco Franceschini (Chair), Marta Imamura, Chang-il Park, Henry Lew, Jan Reinhardt, Luz Helena Lugo, Aydan Oral, and Walter Frontera. The main objectives of the Task Force are:

- To foster and stimulate research activity in physical and rehabilitation medicine
- To improvement the quality of research
- To develop research education activities
- To develop a research website
- To establish a research fund

One of the first activities will be to carry out a survey about research in rehabilitation centers around the world. This survey will help us assess the current situation of rehabilitation research in all continents and create, in the future, a network of centers with similar resources, expertise, and scientific interests that could collaborate in research projects. Researchers in the network could also propose and adopt standard measurement techniques and acceptable outcomes most appropriate for research in the field. These could relate to different ICF domains and be applicable in different countries and centers. The network may facilitate the conduct of international multi-center studies using a standardized study design, methodological approach, and outcomes with larger samples of volunteers and consequently stronger statistical power. This type of research may be more attractive to funding agencies, both public and private.

Another objective of the survey is to understand the educational needs of physiatrists and other members of the rehabilitation team. This knowledge could facilitate the organization and content selection for training programs at the international level. Given this objective, it is of utmost importance to collaborate with other ISPRM standing committees such as the education committee to facilitate the implementation of a strategic plan. The research-oriented educational courses could use different technologies and educational approaches including distance-learning web-interface and local direct face-to-face training with practical sessions.



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THE TESTING AND VALIDATION OF THE ICF CORE SETS FOR THE ACUTE HOSPITAL AND POST-ACUTE REHABILITATION FACILITIES – TOWARDS BRIEF VERSIONS

Eva Grill, Gunnar Grimby and Gerold Stucki

Foreword

Eva Grill, Gunnar Grimby, Gerold Stucki

Criteria for validating comprehensive ICF Core Sets and developing brief ICF Core Set versions

Eva Grill, Gerold Stucki

Validation of the comprehensive ICF Core Sets for patients receiving rehabilitation interventions in the acute care setting

Martin Mueller, Eva Grill, Marita Stier-Jarmer, Ralf Strobl, Christoph Gutenbrunner, Veronika Fialka-Moser, Gerold Stucki

Validation of the comprehensive ICF Core Set for patients in geriatric post-acute rehabilitation facilities

Marita Stier-Jarmer, Eva Grill, Martin Mueller, Ralf Strobl, Michael Quittan, Gerold Stucki

Validation of the comprehensive ICF Core Sets for patients in early post-acute rehabilitation facilities

Martin Mueller, Marita Stier-Jarmer, Michael Quittan, Ralf Strobl, Gerold Stucki, Eva Grill

Brief ICF Core Sets for the acute hospital

Eva Grill, Michael Quittan, Veronika Fialka-Moser, Martin Mueller, Ralf Strobl, Nenad Kostanjsek, Gerold Stucki

ICF Core Sets for early post-acute rehabilitation facilities.

Eva Grill, Ralf Strobl, Martin Mueller, Michael Quittan, Nenad Kostanjsek, Gerold Stucki

Brief ICF Core Set for patients in geriatric post-acute rehabilitation facilities

Eva Grill, Martin Mueller, Michael Quittan, Ralf Strobl, Nenad Kostanjsek, Gerold Stucki

Goals of patients with rehabilitation needs in acute hospitals: goal achievement is an indicator for improved functioning

Martin Mueller, Ralf Strobl, Eva Grill

The ICF forms a useful framework for classifying individual patient goals in post-acute rehabilitation

Stefanie Lohmann, Julia Decker, Martin Mueller, Ralf Strobl, Eva Grill

Patient goals in post-acute geriatric rehabilitation - goal attainment is an indicator for improved functioning

Sandra Kus, Martin Mueller, Ralf Strobl, Eva Grill

Assessment of functioning in the acute hospital: operationalisation and reliability testing of ICF categories relevant for physical therapists interventions

Eva Grill, Thomas Gloor-Juzi, Erika Huber, Gerold Stucki

The ICF as a way to specify goals and to assess the outcome of physiotherapeutic interventions in the acute hospital.

Erika Huber, Alex Tobler, Thomas Gloor, Eva Grill, Barbara Gut

Membership renewal

We kindly encourage all Individual members and national societies to renew their ISPRM membership before February 28, 2011

Membership renewal is mandatory for having free access to the members only section of the website, the electronic version of the official ISPRM journal and make profit of the reduced fees for several congresses like the ISPRM World Congress in Puerto Rico

For details, please contact the ISPRM Central Office at Veerle@medicongress

The ISPRM Awards Call for Nominations

Werner Van Cleemputte, ISPRM Executive Director

The nomination policy of the International Society of Physical and Rehabilitation Medicine (ISPRM) stipulates that the Awards Committee must make recommendations to the Board of Governors for the Herman J. Flax Lifetime Achievement and the Sidney Licht Lectureship Awards.

The Award Committee, chaired by our Past President Joel DeLisa, herewith would like to make a CALL FOR NOMINATIONS.

ISPRM members in good standing can forward their nominees to the Central Office by February 28, 2011 at the latest. All nominations must be accompanied by a justification and a short CV of the candidates.

The Awards Committee will announce its decision at the upcoming ISPRM World Congress in San Juan, Puerto Rico

MEMBERSHIP FORM Individual Members 2009

Yes, I want to join the ISPRM as an:

- Individual Active Member for
2 years 60 Euro
- Individual Active Member for
1 year 35 Euro

PLEASE WRITE IN CAPITAL LETTERS!

Family Name:

First Name(s):

Title:

Profession:

Hospital:

Department:

Mailing Address:

Postal Code / City:

Country:

Phone/ Fax:

E-mail:

Credit Card N°:

Expiry Date:

Name Card Holder:

Signature:

ELECTRONIC MEMBERSHIP APPLICATION
AVAILABLE AT WWW.ISPRM.ORG

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Jianan Li

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Anton Wicker

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María Amparo Martínez Assucena

ACTIVE NATIONAL SOCIETIES MEMBERS

Deog Young Kim
Leonardo SW Li

REPRESENTATIVES ISPRM WORLD CONGRESSES

2011 Puerto Rico - Verónica Rodríguez de la Cruz
2013 China - Jianan Li
2015 Berlin - Christoph Gutenbrunner

CALENDAR OF EVENTS

ISPRM World Congresses

- **6th Congress** June 12 - 15, 2011 San Juan, Puerto Rico
- **7th Congress** June 16 - 20, 2013 Beijing, China
- **8th Congress** June, 2014 (selection pending)
- **9th Congress** June 06 - 11, 2015 Berlin, Germany

Congresses on:

- **Stroke** www.internationalstroke.org/s_content.php?id=fb2002-03-04-1020
- **Neurology** www.eurostroke.org/esc_main%20links.htm
- **Neurorehab** www.wfnr.co.uk/docs/events.htm
- **Spine** www.spine.org/calendar/nass_future_events.cfm
- **Brain Injury** www.internationalbrain.org/content.php?pages=congress
- **Osteoporosis** www.iofbonehealth.org/meetings-events.html



= congresses offering reduced registration fees for ISPRM members

2011

- **International Stroke Conference 2011 and State of the Art Stroke Nursing Symposium.** 8-11 February, Los Angeles, USA. Website: www.strokeconference.org
- **Physiatry: Beyond the Basics, 21st Annual Convention of the Philippine Academy of Rehabilitation Medicine (PARM),** 17-20 February, Iloilo City, Philippines, Contact: mdlscab@yahoo.com
- **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),** 10-12 March 2011, Algarve, Portugal. Website: www.congressospmfr.org and www.spmfr.org
- **23rd Annual PM&R Review Course of Kessler Foundation,** 17-25 March 2011, Westminster Hotel, Livingston, NJ, USA. Contact: gdeiorio@KesslerFoundation.org Website: www.kesslerfoundation.org
- **45th Comprehensive Review Course in PM&R organized by Baylor College Of Medicine/The University of Texas Medical School,** 19 – 26 March, Houston, TX, USA. Contact: asamuels@bcm.edu Website: www.bcm.edu/pmr
- **11th European Congress on Clinical and Economic Aspects of Osteoporosis and Osteoarthritis.** 23-26 March, Valencia, Spain. Website: www.eceo11-iof.org
- **VI Congreso Internacional de la Sociedad Cubana de Medicina Física y Rehabilitación,** 13-15 April, Centro de Convenciones del Hospital General Universitario Gustavo Aldereguía Lima, de Cienfuegos, Cuba. <http://promociondeeventos.sld.cu/rehabilitacion2011> Contact: solangel@infomed.sld.cu
- **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, Australia. Email: charee@iceaustralia.com - Website: www.iceaustralia.com
- **8th International Symposium on Osteoporosis,** 18-21 May, Cosmopolitan Hotel, Las Vegas, NV, USA, Email: Audrey.Shively@nof.org - Website www.nof-iso.org
- **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: www.eurostroke.org
- **21st Conference, EWMA.** 25-27 May, Brussels, Belgium. Website: <http://ewma.org>
- **17th World Congress on Disaster and Emergency Medicine.** 31 May – 3 June, Beijing, China. Website: www.wcdem2011.org
- **8th Annual World Congress on Brain, Spinal Cord Mapping & Image Guided Therapy,** June 8-10, San Francisco, USA Vsit: 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, Puerto Rico. Topic Submissions and info: tomhaig@hotmail.com



6th ISPRM World Congress,
June, 12 - 16, 2011, San Juan,
Puerto Rico
www.isprm2011.org

- **International Society for Posture and Gait Research XX Conference, ISPGR.** 18-22 June, Akita, Japan. Website: <http://ispgr.org/conferences/japan-2011/conference-overview/index.html>
- **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/>
- **2nd Baltic & North Sea Conference on PRM,** 28-30 September, Vilnius, Visit: www.bncprm2011.org
- **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
- **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
- **4th Congress of the World Union of Wound Healing Societies,** 1-7 September, Yokohama, Japan. Visit: <http://www.wuwhs2012.com>
- **27th Annual Meeting of the North American Spine Society,** 23-27 October, Dallas, Texas, USA. Visit: www.spine.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.au/wcnr2012