PRESIDENTIAL ADDRESS

Gerold Stucki, Per M. von Groote, Alessandro Guistini, Jan D. Reinhardt, Christoph Gutebrunner

Launch of the World Report on Disability (WRD)

This summer the World Health Organization (WHO) will be launching the long awaited World Report on Disability (WRD). The WRD, mandated by the World Health Assembly and jointly published by WHO and the World Bank, summarizes the best available scientific evidence on disability around the globe. The WRD looks at needs of persons with disabilities, their realities and how to close the gap. Moreover, it makes recommendations how to implement the UN Convention on the Rights of Persons with Disabilities (2006).

ISPRM recognizes this unique opportunity and is dedicated to disseminating and implementing the recommendations of the WRD. Close collaboration with WHO and other partners such as World Confederation for Physical Therapy (WCPT), World Federation of Occupational Therapists (WFOT) and International Society for Prosthetics and Orthotics (ISPO) is of utmost importance.

The WHO has decided to continue its official relation with ISPRM until 2013, due in part to the fact that ISPRM has contributed considerably to the WRD. The implementation of the WRD is among the defined activities in the new WHO ISPRM collaboration plan for the years 2011 to 2013.

The WHO Director General and a senior official of the World Bank will launch the WRD on June 9th 2011 at the UN headquarters in New York and in the presence of high-level representatives from Member States, celebrities with disabilities, representatives of disabled people’s organizations, professional groups and non-governmental organizations.

ISPRM officials including the Chair of the WHO Liaison Committee Christoph Gutenbrunner and the Chair of the WRD Implementation Sub-Committee Alessandro Giustini will be present at the launch. ISPRM will as an organization in official relation with WHO also take part in the technical session on how to implement the recommendations of the World report on disability end of June.

Being aware of its significance in shaping the world health political agenda for rehabilitation in the years to come, ISPRM has established an ISPRM WHO Liaison Sub-Committee, tasked with the dissemination and implementation of this milestone publication. The Sub-Committee will be headed by Prof Dr Alessandro Giustini, assisted by his Vice-Chair Per Maximilian von Groote.

We cordially invite national PRM societies to send delegates to the ISPRM Sub-Committee on WRD implementation (mail to: per.vongroote@paranet.ch).

We also encourage national PRM societies to raise awareness about the WRD in their countries and to consider alliances and task forces with their national ministries of health on how to close the gaps laid open in the WRD.

ISPRMs 6th World Congress in Puerto Rico just 3 days after the official launch of the WRD will both be the stage for presentations on the report and set the stage for events to come. ISPRM, therefore, dedicated the WHO ISPRM session to take place on Monday June 13 to the presentation of the WRD and its implications for PRM.

The launch of the WRD will provide a unique chance in raising awareness about disability and rehabilitation and making PRM more visible and effective.

For more information:

World Health Organization
http://www.youtube.com/who

ISPRM WHO Liaison Sub-Committee on WRD Implementation
per.vongroote@paranet.ch
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.

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

Selected papers will be published in the Journal of Rehabilitation Medicine, the official journal of ISPRM.

Abstracts for the presentation of papers can be submitted online at: http://abstracts.flexmax.eu/isprm2011/disaster/
Deadline for abstract submission has been extended to April 30 2011.

For further information please contact
Dr. Jan D. Reinhardt from the ISPRM (jan.reinhardt@paranet.ch).
Rehabilitation needs assessment following disasters: Eighteen persons with spinal cord injury following the Haitian earthquake

Alexandra Rauch1,2,*, Michael Baumberger1,3, Fritz G. Moise1,4, Erik von Elm2, Jan D. Reinhardt1,2

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Background

Natural disasters such as earthquakes cause immediate physical and mental health problems in the affected area. In the immediate situation after an earthquake, survival is the primary outcome of medical response measures. In this early phase, disaster response actions aim to control and reduce the impact on health on both the individual and societal level. For the survivors of the early phase of an earthquake, health conditions in interaction with environmental damage may have a major impact on their level of functioning. In particular, for persons with acquired physical or mental disabilities health maintenance, reintegration into community and quality of life present major challenges.

Access to rehabilitation services plays an important role to achieve and maintain optimal levels of functioning in persons with disabilities after natural disaster.

To provide adequate services, rehabilitation needs assessments should contribute to the identification of limitations in functioning in a first step. On this basis, the identification of needs for specific rehabilitative therapies and services should follow in a second step. Environmental factors need to be considered as important determinants of the levels of functioning in both steps.

The International Classification of Functioning, Disability and Health (ICF) provides a promising framework for the description of functioning. Existing ICF Core Sets and ICF-based documentation tools can contribute to the development of specific instruments for rehabilitation needs assessment after natural disaster.

Setting and procedure

A specific example for the application of such an instrument are the intensive rehabilitation needs of persons who have acquired a spinal cord injury (SCI) from the 2010 earthquake in Haiti. ICF Core Sets for SCI served as the basis to develop the respective tool. It was applied in eighteen persons with SCI admitted to the first and only rehabilitation unit for SCI at Haiti Hospital Appeal (HHA) in Cap Haitian during a stay of a team from the Swiss Paraplegic Group five months following the earthquake.

Results

Within the ICF-based tool for rehabilitation needs assessment in SCI, both the levels of functioning and the needs for rehabilitative services of the 18 individuals treated in HHA could be assessed. Figure 1 depicts the frequencies of aspects of functioning that required rehabilitative interventions in the sample population.

Figure 1: Absolute frequencies of needs for rehabilitative interventions in specific aspects of functioning (n=18)
Based on the assignment of these needs to rehabilitation professionals who would be appropriate to provide respective therapies the need for comprehensive rehabilitation services became visible. Figure 2 depicts the rehabilitation professionals who would be required to comprehensively address the needs of persons with SCI in HHA.

Discussion
The implementation of a rehabilitation needs assessment presented within this case from the Haitian earthquake facilitates the description of the need for rehabilitative interventions following natural disasters such as earthquakes in a sample of SCI patients.

Applying the ICF facilitated a comprehensive description of functioning and the respective rehabilitation needs by including aspects from all areas of functioning (body functions, body structures, activities and participation) as well as the impact of environmental factors. Such comprehensive approach is essential to address the multidimensionality of disability in a post disaster situation.

The needs assessment presented here highlighted the need for comprehensive and long-term rehabilitation services, involving professionals such as rehabilitation doctors, physical and occupational therapists, psychologists and social workers. Furthermore, multiple complete barriers in the environment, e.g. transportation of persons with disabilities poses major challenges in Haiti, require non-medical professionals such as architects and city planners in order to achieve optimal functioning.

Future studies are required to test and, if necessary, adapt this tool in other settings, in particular for application by newly trained rehabilitation aides or professionals.

Conclusion
The information gathered from ICF-based rehabilitation needs assessments could contribute to better development and provision of rehabilitation services in the aftermaths of natural disasters and, hence, to better functioning in persons with disabilities.

As the international reference classification for health-related rehabilitation, the ICF’s use in needs assessment of persons with disabilities after natural disasters may contribute to enhancing international comparability of studies and fostering awareness of the importance of the rehabilitation strategy in acute, mid- and long term responses to natural disasters.

Contact the author
The ICF tool for rehabilitation needs assessment in SCI is available from the corresponding author.
Rehabilitation medicine is a poorly understood concept in Pakistan. It is often confused with “Physiotherapy” alone, rather than a multidisciplinary approach to disability management. Disability is a stigma in Pakistan and cultural norms are a hindrance to the integration of the disabled into the community. Additional barriers to addressing the needs of the disabled include the lack of reliable disability epidemiological data, inadequate funding and poor health care infrastructure, and workforce shortages.

PM&R origins can be traced back to 1960 with the establishment of school of physiotherapy at the Jinnah post graduate medical college, Karachi under Prof S.R.A Kirmani. Physiotherapy remained the only Rehabilitation intervention for the disabled in Pakistan till 1980’s, when Armed Forces sponsored training in Rehabilitation Medicine for two surgeons and medical specialists. Only the surgeons perused PMR as a career choice.

There are two post graduate degrees being offered in the discipline of PMR in Pakistan; 2 years diploma in PMR by Armed Forces Post graduate medical institute, Rawalpindi and 4 years Fellowship in PMR by the college of physicians and surgeons of Pakistan. The fellowship training in PMR follows a structured training program that includes mandatory clinical rotations in medical and surgical disciplines, dissertation writing, indoor and outdoor patient’s consultations etc. (See Fig 1)

There are only a few rehabilitation departments (around 23 including three institutes) and none have all the standard components of a multidisciplinary rehabilitation team. The number of practicing rehabilitation consultants is 38
(private practice:6, armed forces:26, Government (civil) ;6). The number of residents is 13 training at 3 different centers. There are an estimated 1,000 Physical therapists, 300 psychologists, 150 occupational therapists and 100 Orthotist and prosthotists (P&O) in the country at present. There are very active and vibrant societies of PT, OT, psychologists and P&O in the country, but an active PMR forum is still an unaccomplished dream. The only interactive Rehabilitation forum for PMR is an online google group (REHABPAKISTAN). The lack of a national forum for PMR is a major hindrance in the development of this specialty as professional organizations are interested in interacting with societies and forums rather than individuals.

PMR in Pakistan has developed a lot in the last decade but there is lots of work to be done. While the initiative has to come from the local physiatrists, the colleagues in the developed regions can help by offering and arranging exchange visits; visiting fellowships, travel grants and opportunities for collaborative research.

For more information and offers for academic assistance, please contact the author at farooqrathore@gmail.com
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Membership renewal

We kindly encourage all Individual members and national societies to renew their ISPRM membership.

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 April 30, 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

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MEMBERSHIP FORM

INDIVIDUAL MEMBERS

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

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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, Cancun, Mexico
- 9th Congress: June 06 - 11, 2015, Berlin, Germany

Congresses on:

- 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?page=congress
- Osteoporosis: www.iofbonehealth.org/meetings-events.html

= congresses offering reduced registration fees for ISPRM members
2011


- **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://eewma.org

- **17th World Congress on Disaster and Emergency Medicine.** 31 May – 3 June, Beijing, China. Website: www.wcdem2011.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 World Physical Therapy Congress**, 20-22 June, Amsterdam, The Netherlands. Website: www.wcpt.org/congress


- **Brain Injury in Children**, 12-14 July, Four Seasons Hotel, Toronto, Canada. Visit www.sickkidsbrainconference.ca

- **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


- **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/


• 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.spineweek 2012.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


• 27th Annual Meeting of the North American Spine Society, 23-27 October, Dallas, Texas, USA. Visit: www.spine.org

• 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