SPECIAL ARTICLE

ISPRM Rehabilitation Disaster Relief Committee (CRDR) Agenda for Professional Rehabilitation Disaster Response

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Secretary
WHO Liaison Sub-committee on Rehabilitation Disaster Relief
ISPRM

The ISPRM WHO Liaison Sub-Committee on Rehabilitation Disaster Relief (CRDR) convened for its annual session at the recent ISPRM world congress during which several agenda items related to the increasing professionalism of the rehabilitation response to natural disaster were addressed. Among them was the WHO concept paper on foreign medical teams in the humanitarian response to sudden-onset disasters. This paper explores the development of an international register for Foreign Medical Teams (FMT) provider organizations to facilitate their deployment. The Foreign Medical Teams Working Group (FMT-WG) will guide and monitor activities related to register development.

Participants at the PAHO/WHO Technical Consultation on International Medical Care Assistance in the Aftermath of Sudden Onset Disasters in Havana, Cuba in December 2010 recognized the need for international standards for health care services provided by FMTs in sudden-onset disasters. The Haiti 2010 earthquake and previous disaster responses revealed unacceptable practices in the delivery of international emergency medical assistance. Serious questions were raised about the clinical competencies and practices of some of the FMTs deployed, emphasizing the need for greater accountability, more stringent oversight and better coordination of their efforts.

The proposed establishment of an international registry of FMT provider organizations is a first step in improving the professionalism of the FMT response. Formal registration will promote accountability by ensuring that FMT provider organization training, equipment and preparedness levels meet agreed international professional and ethical standards. Registrants must adhere to a minimum set of professional and ethical standards and commit to work in support of the national response (including health workers carrying out only those medical procedures for which they are licensed in their own countries).

The availability of a registry containing comprehensive information on FMT provider organizations, including their size and composition as well as types of health care services offered is expected to lead to:
• Faster deployment of FMTs as crisis-affected countries will be able to rapidly identify and approve FMTs from the registry.

• Better matching of supply and demand of medical services leading to reduced duplication and better patient outcomes as FMTs focus on delivering health services in their areas of competence.

• Better coordination of FMTs before and after deployment resulting in greater transparency and stronger interaction with national and international authorities.

Given the need to accelerate the response to earthquakes and other disasters that result in large numbers of casualties, the registry will initially solicit FMT provider organizations with trauma and surgical teams. Potential rehabilitation provider organizations including the ISPRM will be involved as the FMT-WG registration initiative evolves considering the essential rehabilitation services required at all levels of care following a disaster.

The ISPRM CRDR agenda also featured a related initiative which aims to improve the professionalism of the rehabilitation disaster response through effective provision of the spectrum of trauma, surgical and rehabilitative services for amputee victims. Based on reports of highly variable quality surgery performed by FMTs following the Haiti earthquake resulting in poor rehabilitation outcomes, the Harvard Humanitarian Initiative’s (HHI) Burden of Surgical Disease Working Group (BOSDWG) formed an Amputations Following Disasters or Conflict Working Group (WG) for the 2011 Humanitarian Action Summit (HAS). [HAS is an HHI program in humanitarian effectiveness])

The amputation WG's primary objective was to develop consensus statements regarding the integrated, multidisciplinary care of limb amputee patients in disasters or conflict settings. This work paralleled that of the parent 2011 HAS WG on Surgical Issues Within the Humanitarian Space which concurrently developed ‘best practices’ for surgical care in humanitarian settings from foundational consensus statements formulated during the 2009 HAS. These consensus statements on amputee care aim to promote accountability, quality and consistency for limb amputation in the humanitarian surgical response. The WG also sought to define the role of FMTs performing limb amputations.

In preparation for 2011 HAS, the WG performed a literature review of surgical limb amputation, peri-operative pain control and amputee rehabilitation in humanitarian settings and also identified existing relevant amputee management guidelines from organizations including the WHO, International Committee of the Red Cross (ICRC) and Handicap International (HI). ISPRM CRDR member expert commentary and WG online discussions supplemented the literature sources. Comprised of appropriate medical specialty experts, the amputation WG evaluated these resources in developing consensus statements during its 2011 HAS sessions (March 2011, Harvard University, Boston MA USA; http://hhi.harvard.edu/events/humanitarian-action-summit).

The 2011 HAS Amputation WG determined that optimal care of limb amputee victims in disaster and conflict requires a comprehensive, multidisciplinary approach as the patient progresses from initial triage to pre-operative assessment with ensuing amputation, prosthetic fitting, physical and psycho-social rehabilitation and community reintegration. Consensus statements for management of amputees were developed in the following areas:

- Team member composition
- Medical record keeping including consents and surgical notes
- Anesthesia and pain management
- Surgical technique and operative considerations
- Spectrum of rehabilitation services
- Patient follow-up and community reintegration
- Data tracking and surgical outcomes reporting

These WG statements are intended to serve as recommendations for the management of amputations.
in disaster and conflict, thereby improving quality of care across the amputation continuum and reducing near-term complications as well as long-term disability.

Forthcoming publication of the 2011 HAS Amputation WG proceedings in Prehospital and Disaster Medicine (the official journal of the World Association of Disaster & Emergency Medicine) will increase awareness of this initiative within the global emergency disaster response community. Convening of a consensus conference for formalizing the statements into ‘best practice guidelines’ would further significantly improve implementation as well as overall professionalism of the management of amputees during an emergency humanitarian medical response.

The ISPRM WHO Liaison Sub-Committee on Rehabilitation Disaster Relief (CRDR) is committed to advancing the amputation consensus statements, FMT-WG registry process and other disaster response professionalization initiatives for rehabilitation within its agenda. The committee looks forward to collaborating further with WHO, WHO Disability and Rehabilitation (DAR), fellow WHO DAR partner organizations and other worldwide stakeholders in achieving optimal management of amputees in disaster.

For more information:
- FMT-WG Initiative; FMT-WG Chair/CRDR Member
- Tony Redmond (tony.redmond@manchester.ac.uk)
- HHI HAS 2011 Amputee WG; Member - Jim Gosney (gosneyjr@hotmail.com)
- ISPRM WHO CRDR; Secretary - Jim Gosney

Jim Gosney, MD, PhD
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- March, 1st 2011: Second Announcement - Preliminary Program
- April, 30th 2011: Deadline for Abstract Submission
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**59th ANNUAL SCIENTIFIC MEETING ABSTRACTS**

Canadian Association of Physical Medicine & Rehabilitation
Journal of Rehabilitation Medicine (JRM) intends in different ways to increase the international influence of, and contribution to, the journal. We have just appointed two new Editorial Board members from the USA (Gerard E. Francisco and Todd P. Stitic), one from Australia (John H. Olver), one from Korea (Yun-Hee Kim) and one from Turkey (Ayse Küçükdeveci). We welcome these very highly recognized scientists to our team. With the increase in size of the journal, and in order to achieve international representation, it has been important to recruit new Associate Editors. Leonard Li from Hong Kong, who is well known from the International Society of Physical and Rehabilitation Medicine (ISPRM), has been appointed recently; we welcome him to the team of editors. For some time now, we have been discussing the future leaders of the journal. After internal discussion within the Foundation of Rehabilitation Information (the owner of JRM) and through international consultation with, in particular, the organizations for which JRM is an official journal, we decided to appoint two Co-Editors from 1 August 2011. This date was chosen for different practical reasons, as it will enable a successive transfer of the editorial duties from the present Editor-in-Chief to one of the Co-Editors (Bengt Sjölund). The other Co-Editor (Henk Stam) will become an Advisory Co-Editor, being available together with the Editor-in-Chief for activities related to the journal’s co-operation with the organizations for which JRM is the official journal, or for which it is published in association with, as well as being a ”discussion partner” for the Editor-in-Chief in complicated cases and for matters related to the policy of the journal. I am looking forward to participating in this cooperation during the last half of 2011 and the first half of 2012, while I am still Editor-in-Chief. I am delighted that we have been able to recruit these two eminent persons to the journal.
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**ISPRM World Congresses**

- **7th Congress**
  - June 16 - 20, 2013
  - Beijing, China
- **8th Congress**
  - June, 2014
  - Cancun, Mexico
- **9th Congress**
  - June 06 - 11, 2015
  - Berlin, Germany

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  - [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)
- **Brain Injury**
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- **Osteoporosis**
  - [www.iofbonehealth.org/meetings-events.html](http://www.iofbonehealth.org/meetings-events.html)

= congresses offering reduced registration fees for ISPRM members
2011

- European Conference on Post Polio Syndrome, 31 August-2 September, Copenhagen, Denmark. Visit 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.mefmation.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


- 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


2015

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