**Physical Medicine and Rehabilitation in some Middle East and African Countries**

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Regional Vice President for Africa & Middle East

**Introduction:**
The medical specialty of Physical Medicine and Rehabilitation (PM&R) or rehabilitation medicine is well known in many developed countries but this is not the case in many developing countries. Few countries in the Middle East and Africa have an organized residency program in PM&R. Some countries like Iran, Jordan, Turkey, and recently Saudi Arabia have a recognized Board in PM&R. This report summarizes the status of PM&R in some countries in the Middle East and Africa.

**Saudi Arabia:**
There is now a better understanding of the importance of PM&R particularly in major hospitals. Approximately 170 physiatrists are registered with the Saudi Commission for Medical Specialties. Most of them are registered as specialists (the ranking system is as follows: Resident, Specialist, Senior Registrar, and Consultant). There is at least one scientific activity for medical rehabilitation every year. Physiatrists always participate with presentations or as part of the organizing committee. Physiatrists are involved in teaching medical student in some Medical Colleges and interns have elective courses in Departments of PM&R. Recently, the Saudi Board of PM&R has been organized. The residency training program will last four years after the internship. The first residents will be starting in October 2011. The Saudi Arabian Society of PM&R has been a member of ISPRM since 2000.

**Jordan:**
Jordan has a national Society of PM&R and all physiatrists are officially registered with the Society. The Society organizes monthly lectures for the members and occasionally for other medical societies and weekly journal clubs. A four year residency training program has existed since 1970 and the residents that complete the program become eligible to take the Jordanian Board Exam. The Board exam is a two part exam implemented in 1983 (1st part basic & 2nd part clinical). The Government has been very supportive of PM&R. However, it is important to educate our colleagues as to the role of PM&R. Other specialists, such as orthopedic surgeons, neurologists, and neurosurgeons have been very active in rehabilitation.
Syria: Approximately 95 physiatrists practice PM&R in Syria and another 40 Syrians practice abroad. The Syrian Association of PM&R was established in 2001. The first Congress was held in Damascus in 2002 and every two years since. In 2009, the Association hosted the 4th Pan Arab Congress of PM&R. In 2011, several scientific events were organized including a scientific day on myelomeningocele, an awareness conference on disability and rehabilitation, and an educational course for physiatrists about habilitation/rehabilitation of children with disabilities. The Association is a strong supporter of ISPRM and would like to see growth in the Middle East and Africa. There are three residency training programs in Syria of 4 years of duration. The Ministry of health established the first training program in the country in 1993. A total of 8 physicians graduated in 1997. Then, both the Ministry of Higher Education and the Military Medical Services established the other two programs.

Iraq: The specialty of PM&R has existed in Iraq for years in major hospitals as well as in the private sector. However, no organized residency training is available. The number of people with disabilities has increased with the recent wars and appropriate rehabilitation services are not available. Our colleague, Dr. Khorsheed reports that in Kerkuk they are working to re-establish the Iraqi Society of Rheumatology and Rehabilitation. Physiatrists are very active in routine clinical/hospital work. There is a need to develop educational courses and in-service for new PM&R equipment donated to our hospitals.

Kuwait: Dr Abdullah Elayyadah of Kuwait was the first Vice-president for Africa and the Middle East for ISPRM. In 2003 they organized the 2nd Regional Meeting for ISPRM. The number of physiatrist has increased recently with some nationals undergoing their training in Slovenia, Canada, and other countries.

United Arab Emirates: A number of certified physiatrists practice the specialty in different Emirates. A proposal to create an Emirates Club of PM&R has been discussed. There are at least 10 physiatrists but no residency training program.

Qatar: The field of PMR is well known in Qatar. There are several local physiatrists and foreigners working in many of the major hospitals. The government of Qatar is aware of the need and has sponsored the training of PM&R residents in Europe and North America.

Oman: The field of rehabilitation medicine is not well known in Oman. Some colleagues work in the rehabilitation of patients with traumatic brain injury and poly-trauma. Also, some orthopedic surgeons and neurologists have become interested in the rehabilitation of people with disabilities.

Yemen: To our knowledge, the specialty of PM&R is not practiced in Yemen. It is likely that the current national uprising will result in an increase in the number of people with disabilities.

Egypt: Many universities in Egypt offer graduate degrees (MS and PhD’s) in PM&R. The National PM&R Society in Egypt has an annual meeting. Dr. Shafshek has recently reported on the establishment of a new clinic for neurorehabilitation at Alexandria University Hospital. This clinic is equipped to do gait training using mechanical assistance with partial body weight support, transcranial magnetic stimulation (TMS), and spasticity management by neurolysis & chemodenervation. Extracorporeal shock wave therapy has been introduced in the management of rheumatic and orthopedic disorders. Post-graduate training in PM&R at the Alexandria University Hospital consists of a 5-year residency training program. The Department of PM&R participates actively in the undergraduate
medical curriculum in the blocks on the musculoskeletal and central nervous systems. Some refer to financial limitations for participating as a member in ISPRM

**Sudan:**
The specialty of PM&R does not exist in Sudan.

**Tunisia:**
The residency program in PM&R was established in April 1985. There are approximately 49 PM&R specialists working in university hospitals, government facilities, and the private sector. Frequent scientific activities in collaboration with French colleagues are organized throughout the course of the year.

**Morocco:**
The National Board of PM&R certifies specialty training and many physiatrists train in France. The training must be 4 years of duration to be considered officially as a specialty.

**Algeria:**
The Board exam in PM&R was established approximately 40 years ago. Many physiatrists have been trained in France.

**Libya:**
The status of the specialty in Libya is unknown at this point in time. Following the uprising against the previous ruling the regime, there are many who sustained major disability. Many efforts by the Libyan and the international communities are now in the way to establish rehabilitation centers / hospitals.

**Recommendation:**
In terms of getting many of these societies active in ISPRM it is important to establish regular communication with them. One of the reasons for the limited participation is financial. Perhaps low income countries could pay lower membership fees. Language may also be a barrier in the case of some countries, particularly when there is no simultaneous translation. Abstract books could be translated into French. In the future the WHO should influence these countries and emphasize the importance of PM&R in Africa and war zones. ISPRM could help organize regional conferences including these countries.
CALL FOR PROPOSAL

Your idea could be the next American Academy of Physical Medicine and Rehabilitation Annual Assembly session

Each year, the American Academy of Physical Medicine and Rehabilitation (AAPM&R) Program Planning Committee invites proposals for educational sessions for the upcoming Annual Assembly. Many of the educational sessions at the Annual Assembly started as great topic ideas from physiatrists like you. The committee selects the proposals that are most aligned with the identified needs of the physiatric audience.

With a few simple steps, you can submit a session proposal that could become the next hit course or workshop at the AAPM&R 2012 Annual Assembly, November 15-18 in Atlanta, Georgia.

Gather your ideas
The first step in any session proposal involves coming up with a topic. Once you’ve chosen your topic, use these tips to guide the development of your idea:

1. Determine the track. The AAPM&R Medical Education and Program Planning Committees reorganized the tracks for 2012 to better align with AAPM&R members and their interests. When submitting proposals, you can submit for one of five 2012 educational tracks:
   • Musculoskeletal and Sports Medicine
   • Neurological Rehabilitation (includes TBI, stroke, SCI)
   • Practice Management
   • Pain and Spine Medicine
   • General Rehabilitation (includes neuromuscular medicine, pediatric rehabilitation, and medical rehabilitation)

2. Choose the format. Think about the best format for your intended audience. AAPM&R seeks a mix of hands-on workshops and dynamic courses. Hands-on workshops have limited attendance to allow participants to engage in small-group learning activities that are skills-based. Track courses are open to a wider audience and include more didactic and discussion-based learning. All sessions should be learner-focused and interactive.

3. Stay within the mission. To stand out and enhance your chances of acceptance, review the AAPM&R vision, mission, and core purpose (see http://www.aapmr.org/about/who-we-are/Pages/default.aspx).

4. Write learning objectives. What behavior are you trying to change? Learning objectives should be structured so that a change in learners’ competence, performance, or patient outcomes can be measured.

5. Think about faculty. As you plan your content and invite faculty, remember that faculty who are AAPM&R members and all faculty who are physiatrists receive faculty CME in addition to learner CME. AAPM&R has limited funding for non-member, non-physiatrists.

Other Considerations:
• Have a valid e-mail address and full institutional contact information on-hand for each of your speakers before beginning the submission
process. If a speaker has participated in the AAPM&R Annual Assembly before, their information may be available in the system; however we want to ensure that all information is correct and updated.

- Be prepared to provide financial disclosures and any FDA off-label use that will be discussed in your course/workshop.
- If submitting a hands-on workshop proposal, have available your full set of needs for AV and special equipment. AV and special equipment will be confirmed if submission is accepted.

Submit your proposal
To submit a proposal, access the AAPM&R online submission site at http://aapmr2012.abstractcentral.com. You will find detailed instructions listed within each step of the submission process. Note: The only way to submit a proposal is online. If you created a username and password for last year’s submission site, or if you received a login and password via e-mail, you may log in using the same information. If you cannot remember your login and password from last year, please create a new account. You will be required to provide contact and disclosure information after logging in.

Online submissions opened October 3, 2011, and will close December 2, 2011, at 12 pm (CST). If you have questions regarding submission requirements or content, please e-mail education@aapmr.org.

Mark your calendars: The Call for Abstracts opens January 2012.
ISPRM Committee on Rehabilitation Disaster Relief (CRDR) and the Journal of Rehabilitation Medicine (JRM) CALL FOR PAPERS on Disaster Rehabilitation

The CRDR sponsored an inaugural Symposium on Rehabilitation Disaster Relief as a concurrent scientific session at the 2011 ISPRM 6th World Congress in San Juan, Puerto Rico. The symposium included oral and poster presentations on a range of relevant topics and concluded with an international non-government organization panel discussion which addressed the critical question 'How Can Rehabilitation Actors Coordinate Better in Disaster? Building upon the symposium, the CRDR is developing a disaster rehabilitation evidence base which will inform and educate the global professional rehabilitation community about needs and best practices in disaster rehabilitation.

To support this effort, the official ISPRM journal, the Journal of Rehabilitation Medicine (JRM) has commissioned a special report (to be published in the November issue) to announce a series of invited papers on disaster rehabilitation from the symposium’s scientific program. Uninvited submissions are also welcome and accepted papers will be published under a special Disaster Rehabilitation heading as part of the series. Original research, expert commentary as well as other paper types consistent with JRM author instructions are welcome (http://www.medicaljournals.se/jrm/index.php/instructions-to-authors.html). Submissions will be externally reviewed per journal policy and regular page charges apply (www.medicaljournals.se/jrm). March 1, 2012 is the submission deadline. Please feel free to contact either the JRM editorial staff (hanna@medicaljournals.se) or the series coordinator (gosneyjr@hotmail.com) with specific questions.

Best regards,

Jim Gosney  Gunnar Grimby

Jim Gosney MD MPH  Coordinator - ISPRM 6th World Congress Symposium on Rehabilitation Disaster Relief  WHO Liaison Sub-Committee on Rehabilitation Disaster Relief (CRDR) ISPRM (http://isprm.org/)

Gunnar Grimby MD, PhD, FRCP  Editor-in-Chief  Journal of Rehabilitation Medicine
To all ISPRM members,

The ISPRM Publications Committee is pleased to announce the beginning of the ISPRM Web of Journals.

The purpose of this web is to contribute to the dissemination of information published in journals dedicated to the field of Physical and Rehabilitation Medicine around the world and to make this information available to members of ISPRM.

To implement the decision of the Assembly of Delegates in 2010, the Journal Sub-Committee of the Publications Committee, under the leadership of Prof. Franco Franchignoni, has started to develop this project. This web of journals will consist of an official journal, journals published in association with ISPRM, and journals endorsed by ISPRM.

The official journal continues to be the Journal of Rehabilitation Medicine, edited by Prof. Gunnar Grimby. During the Congress in San Juan, Puerto Rico the President’s Cabinet approved the classification of “journal published in association with” for the European Journal of Physical and Rehabilitation Medicine (EJPRM) and the Portuguese Journal of Physical and Rehabilitation Medicine (PJPRM). Finally, the journal Rehab in Review was approved as a journal “endorsed by ISPRM”.

You will find links to these journals in the appropriate directories under Publications in the left-bar menu.

The content of the EJPRM is openly available and in the case of the PJPRM it will be openly available 6 months after publication. Rehab in Review will be distributed free to all ISPRM members.

Sincerely,

Walter Frontera, MD, PhD
Chair, Publications Committee

Franco Franchignoni, MD
Chair, Journals Sub-Committee
18th European Congress of Physical & Rehabilitation Medicine

**Science & Art in Physical Rehabilitation Medicine**

ESPRM

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28th May ~ 1st June 2012

www.esprm2012.eu
Through our website [www.esprm2012.eu](http://www.esprm2012.eu) you may:

1. Check the preliminary list of topics

2. Submit your abstract on line

3. Register on-line for the early bird registration until November 15th, 2011

4. Book your hotel

**Important deadlines:**

- Abstracts submission
  - 31 December, 2011

- NEW Early bird registration
  - 15 November, 2011
Kessler Foundation’s Joel A. DeLisa, MD
Award for Excellence in Research and Education
In the Field of Physical Medicine & Rehabilitation

2011-2012 Call For Nominations
Deadline: December 16, 2011

Program Area: Physical Medicine and Rehabilitation (PM&R)

Purpose: This award seeks to identify and reward the physician and/or scientist who has demonstrated a significant impact on the field of PM&R, particularly as it relates to the translation of research and education to patient care.

Program Information: Kessler Foundation requests nominations for this award honoring the retired Founding Director of Kessler Foundation Research Center, Dr. Joel A. DeLisa. This annual award recognizes a leader and role model in the field of PM&R. The first recipient of the award (in 2011) was Walter R. Frontera, MD, PhD, former Dean of the Faculty of Medicine and Professor of Physical Medicine and Rehabilitation (PM&R) and Physiology at the University of Puerto Rico.

How to Apply: Applicants must be nominated by a second party who can attest to the individual’s qualifications. The application must include a cover page, accompanied by a concise, two-page statement from the nominator that summarizes the impact that the nominee has had on the field of PM&R and why this individual should be considered for the award. The applicant’s current Curriculum Vitae and two letters of recommendation must be included. These will be available at www.KesslerFoundation.org when nominations open on October 1, 2011. Complete application materials must be submitted to the address below by December 16, 2011.

Eligibility & Selection Criteria: Applicants at all levels of their career are eligible for nomination. Current Kessler Foundation employees are not eligible. To be considered for this award, a nominee must demonstrate significant accomplishments in the following six domains: Publications, Funding, Program Development, Education/Training, Service, and Leadership. The award recipient must be present on May 10, 2012 in West Orange, NJ to accept the award.

For questions about this award, please contact:
Julia Stoumbos, Program Manager,
300 Executive Dr., West Orange, NJ 07052, Phone: 973-324-8377
Email for electronic submissions: jstoumbos@KesslerFoundation.org
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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

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
2011

- 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

- International Meeting of the Egyptian Society of Rheumatology and Rehabilitation and PanArab Congress of Physical Medicine and Rehabilitation. 30 November–3 December, 2011, Cairo, Egypt. Website: www.egyrar.com


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.spineweek2012.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


2014


2015

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