PRESIDENTIAL ADDRESS

ISPRM workshop São Paulo from February 23 - 26, 2012

Authors: Linamara Battistella, Marta Imamura, Gerold Stucki

Call for participation - one delegate for each ISPRM national society

We are pleased to announce an ISPRM summit to be held in São Paulo from February 23 - 26, 2012. The summit will be hosted by the São Paulo State Secretariat for the Rights of the Person with Disability in partnership with the World Health Organization, the Pan-American Health Organization, the World Bank, the Global Partnership for Disability and Development, the International Society of Physical and Rehabilitation Medicine, and the Latin-American Network of Non-Governmental Organizations of Persons with Disabilities and their Families.

The summit will address two pertinent issues. First, the implementation of the ICF in rehabilitation practice and rehabilitation’s contribution towards the joint use of ICF and ICD.

Second, implementation of the World Report on Disability.

Delegates from all national societies will engage in highly interactive workshops resulting in scientific protocols for tool development, scientific publications and educational materials.

The success of the summit will depend on the contribution of the delegates from all ISPRM national societies. Therefore, we would like to encourage all national societies to nominate a colleague to attend the summit from February 23 - 26. Thanks to the host, participants will be offered accommodation. Coordinating person for the workshop is Marta Imamura. Please send nominations directly to fernandalp@sp.gov.br

The workshop agenda will be made available on the ISPRM website in January and will be sent to all nominees directly. National societies and the nominees may want to consult the current ISPRM documents:


We are looking forward to welcoming you in São Paulo.
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 Subcommittee 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
Muslim religious leaders as disaster rehabilitation first responders: a proposed training course

Taslim Uddin1, Shahidur Rahman2, Golam Nobi Azad3, Imamur Rashid4.
1, Professor, 2, Associate Professor, 3,4 Physiatrist and Medical Officer, Department of PMR, BSM Medical University. Dhaka-1000. Bangladesh. Email: taslim@bdom.com

Background: Recent, large-scale natural disasters including Cyclone Sidr in Bangladesh, Hurricane Katrina, the Sichuan and Haiti earthquakes, and others have demonstrated the need to provide medical rehabilitation services in disaster settings. Sidr researchers noted three essential components of a disaster response: the warning message, the shelter environment, and the initial respondent. While the medical literature recommends well-designed disaster warnings and public shelters as part of comprehensive pre-disaster planning, qualifications of non-healthcare responders providing initial medical rehabilitation services including core competencies have not yet been developed. This concept paper advances Muslim religious leaders ‘imam’ and ‘muezzin’ as potential early disaster rehabilitation responders in the community setting and proposes a training course for their employment.

Introduction: One fifth of Bangladesh’s 150 million people (20%) live in densely populated, low lying coastal districts which are highly vulnerable to environmental hazards and natural disasters such as cyclones. Every several houses in this mainly Muslim country is served by a mosque in which an imam, the mosque’s senior religious official, leads prayers; his assistant muezzin prepares for prayers and makes the call for prayer. Imam are respected community leaders and as such have training and experience in responding to various social and cultural needs. This proposal highlights the training of imam and muezzin as potential early rehabilitation responders following a natural disaster.

Course details
Target group: Imam and Muezzin
Target area: Coastal districts of Bangladesh
Funding: Local government, NGOs, University Grants Commission, and Bangladesh Red Crescent Society
Desired attendance/Duration/Schedule: 20 people in each group; 3 days; 2 hours each day

Day 1: Introduction to warning systems/signals, ABCs of disaster and mass casualty, safeguarding valuables, first aid, impairment and disability in disaster

Day 2: ABCs of trauma patient management, injury screening and triage, identification of patient care centers

Day 3: Identification of barriers to effective disaster response, disaster ‘do’s and don’ts’, introduction to organizations and persons working with persons with disability, field orientation

Instruction Format: Didactics, group discussion, video presentations, Q&A sessions, case studies, role-playing, and practice exercises

Resource partners: Local government, NGOs, and Bangladesh Association of PMR. Also, the Bangladesh Red Crescent and the Masjid Mission currently provide training courses for religious leaders

Special considerations: Instruction will be provided in the local language.
Discussion:
Humanitarian global health assistance is evolving as indicated by the ongoing clarification of the legalities of physicians and other healthcare personnel providing emergency aid during disasters \(^5,6\) as well as the movement toward established competencies for specialist, generalist, and non-healthcare responders. It is widely understood that response at the local, community level must emphasize citizen awareness and practical, flexible use of available human and material resources, especially in resource-poor regions. Simple, useful knowledge such as the meaning of warning signals, first aid, and ways of safeguarding valuables was emphasized in a previous community disaster preparedness project in coastal Bangladesh, for example. \(^7\)

As well-known, respected, and trusted members of the Muslim community who are intimately aware of local customs and traditions, imam and muezzin are uniquely qualified to effectively facilitate communication and coordination during a disaster response. They can potentially liaise between community members and response personnel to hasten medical assistance to victims. These capabilities combined with knowledge of the urban landscape could therefore enhance the desired mobility and flexibility of response teams. Religious leaders can influence attitudes toward preparedness prior to a disaster as well. \(^8\)

This proposed training course will build on existing abilities to provide iman and muezzin with the basic technical skills and necessary information and knowledge to provide first responder rehabilitative care as part of an integrated, community disaster response.

Conclusion:
This concept paper suggests that Muslim religious leaders can serve a valuable role as early disaster responders and outlines a training course to further qualify them to function as disaster rehabilitation responders.

References:
3. www.ecbproject.org retrieved on 11-10-2010
Dear News & Views Editor:

I strongly support Prof. Taslim Uddin et al innovative and practical concept to employ Muslim religious figures in the community as early rehabilitation responders in event of a natural disaster.

Imam (who lead the prayers) and Muezzin (who call for prayers) are respected and trusted scholars who in most Islamic countries also serve as government employees. Consequently, in addition to performing coordination and rehabilitation response roles following a disaster, they could also exert their influence over the male Muslims who gather in the Mosque several times daily to teach disaster preparedness (during the weekly speech during Friday prayers, for example) as well. Such instruction could include family reaction drills and evacuation protocol among other procedures.

Regarding the proposed training program, I agree that basic first aid and trauma care should be emphasized as a foundation for rehabilitation training.

I believe this novel disaster rehabilitation responder concept and training proposal using religious figures has great potential for Muslim society and strongly encourage Dr. Uddin and colleagues’ to develop it further.

Kindest regards,

Dr. MAHER SAAD BENJADID. MBBS, DMR, JBP&M&R, vFAFRMv(Hon)
Vice President / ISPRM for Africa and Middle East
Consultant and Head of Rehabilitation Medicine Division
Riyadh Military Hospital

Dr Taslim Uddin and colleagues have proposed an interesting training module utilizing services of the religious leaders (imams and muezzin) in a Muslim community. The Muslim world has a population of about 1.5 billion, many of whom live in disaster-prone areas. In recent years, there has been a growing recognition that religious leaders and communities of faith play an important role in shaping health-seeking behavior. Religious leaders are often arbiters of morality and ethics, defining what is prescribed or proscribed by a faith. An Imam serving in the mosque is comparable to a priest, rabbi or hindu pandit and commands great respect from and wields considerable influence over the local community. This is especially true in rural areas.

The services of imams have been successfully utilized in Bangladesh and other Muslim countries to promote family health and family planning1,2. By extension, it is reasonable that imams can be trained to be effective first responders during a natural disaster. However, it is suggested that this training course be developed considering that the Imam is likely to be affected similarly to other community members in the event of a disaster. Therefore, recruitment of imams and muezzin from a wide geographical area should be considered.

Kindest regards,

Farooq A Rathore FCPS
Member, ISPRM Assembly of Delegates and Committee on Rehabilitation Relief (CRDR)
Member, World Association of Disaster and Emergency Medicine (WADEM)
Consultant Rehabilitation Medicine
Combined Military Hospital
Panoaqil Cantt, Sindh, Pakistan

References
Towards a competency-based curriculum in medical rehabilitation for general healthcare humanitarian providers

On November 1-2, the Harvard Humanitarian Initiative hosted twelve Academic Training Centers from North America that currently offer competency-based curriculum and courses for general health care humanitarian providers. In building on ELRHA’s (Enhancing Learning and Research for Humanitarian Assistance) efforts to foster the development of professional sub-groups, the goal of the gathering was to discuss the merits of forming a professional network of academic training centers with programs in humanitarian health. Such an Association would work to strengthen academic education and training through formal sharing of lessons learned, a shared web site, timely course curriculum and content updates, competency development, routes to certification and fostering of relationships with health specialists and sub-specialists as well as with other consultative ‘regional hubs’ currently active in Africa, Europe and the UK (forming a global platform for consultation and coordination on the development of an international framework for professional development).

The twelve academic training centers, actively training humanitarian health sector providers for 2-17 years, had completed a health-related sub-group survey which also included select questions from the 2009 ELHRA Scoping survey. Survey data was shared and gave strong evidence to the common strengths that the existing training centers offer humanitarian health providers such as online course opportunities and field simulations and apprenticeships. Dr. Kirsten Johnson from Montreal spoke on the challenges to the development of healthcare competencies, both core and discipline-specific, which require timely and accurate update for Foreign Medical Teams (FMTs) practice to properly reflect emerging healthcare standards. Dr. Hilarie Cranmer, the Director of Education for the Harvard Humanitarian Initiative and the current Association Secretariat, agreed to facilitate the development process of the nascent Association and its individual Working Groups and Training Centers to move discussion into action.

During the meeting, competencies for relevant medical sub-specialties, including Tropical Medicine, Pediatrics, Mental Health, Surgery and Rehabilitation, were proposed for general medical responders serving on FMTs. I presented the following competencies on behalf of IS-PRM which were previously identified by the Rehabilitation Disaster Relief Committee (CRDR) leadership:

- Awareness of the rehabilitation perspective as well as trauma surgery practice in humanitarian response
- Knowledge of general principles of wound management
- Knowledge of general principles of rehabilitation for disabilities and disabling injuries including long bone fracture, amputation, SCI, TBI and burns
- Knowledge of measures to prevent complications in persons with disabilities and disabling injuries
- Being able to screen for severe disabling injuries including long bone fracture, amputation, SCI, TBI and burns
- Being able to provide basic injury care including patient stabilization, treatment of open wounds, stabilization of fractures and proper referral for disabling conditions
- Being able to provide postoperative care of wounds & complications, co-morbidities and related injury rehabilitation
- Being able to refer to/work with rehab service providers in the community to optimize post-op care, rehab and community integration, including wound care, assistive devices and psychological services

The CRDR intends to expand this core competency set for general medical responders and to develop competencies for rehabilitation professionals as well. Competency sets
would be updated periodically to reflect evolving global rehabilitation standards of care. Competencies will eventually be incorporated into evidence-based reviews and best practice guidelines to inform management of specific disabling conditions in disaster as part of the overall professionalization of Rehabilitation Medicine humanitarian assistance. (Please see ‘ISPRM Rehabilitation Disaster Relief Committee (CRDR) Agenda for Professional Rehabilitation Disaster Response’ in the May-June, 2011 ISPRM News & Views for additional background). ISPRM will keep informed on the development of the newly formed association of North American academic training centers in humanitarian health through its participation on the association’s ‘stakeholder’ working group.

Jim Gosney  MD  MPH  
Secretary  
WHO Liaison Sub-Committee on Rehabilitation Disaster Relief (CRDR)

For more information:  
ELHRA Professionalising the Humanitarian Sector - A scoping study; at  
http://www.elrha.org/work/professionalisation
The Principles and Practice in Clinical and Research (PPCR) course is a collaborative and international distance learning clinical research training program held by the Department of Continuing Education of the Harvard Medical School. You can access a video of the course at http://vimeo.com/28559874

The course is relevant both for those wishing to gain an overall understanding of clinical trials before moving into the field and for those who have general or specialist experience in this area and aim to broaden their role in the design, management, analysis, and reporting of clinical research.

It is a 6-month distance-learning course (from February 26th to October 11th 2012) with a 4-day live optional workshop in São Paulo, Brazil. Participants must attend a weekly 3-hour interactive video-conference session, broadcast from Harvard University. Every lecture will take place from 4-7 pm EST (Boston time). All participants must have a computer with excellent Internet connection, webcam, and microphone.

The course is divided into four modules – each module having six lectures each:

**Module 1 – Basics of Clinical Research**
Module 1 will provide students with a solid understanding of the basic issues in the design of clinical trials. This module includes the fundamental principles of clinical trials including study population, selection of questions, basic study design, randomization process and blinding.

**Module 2 - Basic Statistics**
Module 2 will introduce the basic statistical methods used in clinical trials. We will also discuss how to select and apply appropriate statistical methods to analyze data from clinical trials, and how to present, interpret, and discuss the analyses clearly and concisely.

**Module 3 - Practical Aspects of Clinical Research**
Module 3 will discuss the main features of clinical trials, including methodological and organizational considerations, as well as the principles of trial conduct and reporting. Preparing the protocol for a trial, including data collection forms, logistical and budgetary issues as well as critical issues when designing a clinical trial.

**Module 4 – Study Designs**
Module 4 will introduce the main study designs used in clinical trials. Advantages and drawbacks of each design will be presented; including the analytical methods and issues of different study designs.

**4-Day Live Course (optional)**
The 4-day live intensive course will host eight Harvard professors who will review and discuss material presented throughout the year in a detailed and intensive fashion. One important part of the 4-day live course is that students will review their group projects with the Harvard faculty. This 4-day live course is an important component and is intended to give students hands on experience in clinical trials design and analysis.

Participants are required to read articles and case studies, complete statistical exercises, participate in discussion forums, and vote in a weekly poll. Participants are also required to contribute to a group project, co-authoring a draft of a clinical study proposal. All of these activities will require at least 10 hours of study per week.

At the end of the 6-month course, there will be an optional 4-day intensive workshop, to practice the concepts learned during the course, in São Paulo, Brazil.

The course aims to provide participants with a theoretical understanding of the issues involved in the design, conduct, analysis, and interpretation of randomized controlled trials of health interventions. Students will be trained to develop skills to scrutinize information, to critically analyze and carry out research, and to communicate effectively.
The official language of the course is English, therefore participants are required to have a good knowledge of written and spoken English language.

In order to further develop clinical research in our field, ISPRM will offer again this year a Scholarship for the participation to the 2012 edition of this course to a researcher from each National Society in good standing with ISPRM in the past 5 years. Moreover this year ISPRM will be able to offer a special discounted rate to 20 ISPRM individual members!

To apply to the scholarship please provide:

1. A curriculum vitae containing information related to your educational background, your research profile, your knowledge of the English language.

2. A brief description of why you would like to participate in the course and what your research goals are for the next year and five years.

3. A recommendation letter from your mentor in research.

All the applications should be sent until January 31st to the following e-mail addresses: Marta Imamura (martaimf3@gmail.com) and Francesca Gimigliano (francescagimigliano@gmail.com).

For any further news please visit the website: www.clinicalresearchlearning.org
Vice President

This is a two-year term. The Vice-President is a member of the President’s Cabinet and Executive Committee. In accordance with the By-Laws, the Vice-President automatically progresses to the position of President Elect.

To assure global participation in the leadership of the ISPRM, the Nominating Committee is particularly interested in qualified candidates from the Europe, Eastern Mediterranean and Africa Geographic Area.

Applicants should submit their vision for ISPRM, list of the ISPRM Committees they have served on, demonstrate leadership experience at the county or regional level, and the commitment that they have the time and office support to fulfill the duties. The person is expected to be able to participate effectively in tele-meetings. The cut-off date for applications is May 1, 2012. Also, please send current curriculum vitae to:

Joel A. DeLisa, MD, MS  
Chair ISPRM Nominating Committee  
delisaja@umdnj.edu

Treasurer

This is a two-year term with a maximum two additional terms. This is an extremely important position that includes serving on both the President’s Cabinet and the Executive Committee. The Treasurer with the help and assistance of the Executive Director will be responsible for: (a) the preparation of budget estimates every second year and the interim annual budget, if indicated; (b) annual Account Balance of the assets and funds of the Society with clear indication of income and expenses as compared to the Budget Estimates; and, (c) making recommendations regarding any other financially related issues. The Treasurer Chairs the Finance Committee.

Applicants should submit their vision for ISPRM, list of the ISPRM Committees they have served on, and the commitment that they have the time and office support to fulfill the duties. The current Treasurer estimates this position requires an average of approximately one hour a week plus possibly unreimbursed travel to the annual ISPRM congresses. The cut-off date for applications is May 1, 2012. Also, please send current curriculum vitae to:

Joel A. DeLisa, MD, MS  
Chair ISPRM Nominating Committee  
delisaja@umdnj.edu
Call for Nominations
ISPRM 2012 Elections

Secretary

This is a two-year term with a maximum two additional terms. This is an extremely important position that includes serving on both the President’s Cabinet and the Executive Committee. The Secretary with the help and assistance of the Executive Director will be responsible for: (a) keeping up to date the book of minutes of the Board of the Directors, Executive Committee and President’s Cabinet; (b) ensuring that annual membership fees, correspondence and general communications with all members are maintained regularly and periodically as established by By-Laws; (c) screening membership applications prior to presentation to the President’s Cabinet, Executive Committee for approval; (d) screening grant applications to the International Educational and Development Fund; (e) screening applications to hold a World Congress; and, (f) any other administrative activity in the routine operation of the Society.

Applicants should submit his / her vision for ISPRM, list of the ISPRM Committees they have served on, and the commitment that they have the time and office support to fulfill the duties. The current Secretary estimates this position requires an average of one hour per day plus possibly unreimbursed travel to the annual ISPRM congresses. The cut-off date for applications is May 1, 2012. Also, please send current curriculum vitae to:

Joel A. DeLisa, MD, MS
Chair ISPRM Nominating Committee
delisaja@umdnj.edu
Developing Post-Disaster Physical Rehabilitation: Role of the World Health Organization Liaison Sub-Committee on Rehabilitation Disaster Relief of the International Society of Physical and Rehabilitation Medicine
James Gosney, Jan D. Reinhardt, Andrew J. Haig, Jianan Li

Rehabilitation needs assessment in persons with spinal cord injury following the 2010 earthquake in Haiti: A pilot study using an ICF-based tool
Alexandra Rauch, Michael Baumberger, Fritz-Gerald Moise, Erik von Elm, Jan Dietrich Reinhardt

Low heart rate variability is associated with extended pain-related sick leave among employed care-seekers
Jesper Kristiansen, John Ektor-Andersen, Elisabeth Bondesson, Palle Ørbæk, Roger Persson, Anne Helene Garde, Åse Marie Hansen

Health-related quality of life in caregivers of individuals with traumatic brain injury from Guadalajara, Mexico
Juan Carlos Arango-Lasprilla, Elizabeth Nicholls, Teresita Vil-laseñor Cabrera, Alison Drew, Miriam Jimenez-Maldonado, Maria Luisa Martinez-Cortes

Linking cerebral palsy upper limb measures to the International Classification of Functioning, Disability and Health
Brian Hoare, Christine Imms, Melinda Randall, Leeanne M. Carey

Internal construct validity of the Rivermead Post-Concussion Symptoms Questionnaire
Marianne Lannsjö, Jörgen Borg, Gunilla Björklund, Jean-Luc af Geijerstam, Åsa Lundgren-Nilsson

Responsiveness of four participation measures to changes during and after outpatient rehabilitation
Carljin H. van der Zee, Albert Kap, Radha Rambaran Mishre, Evert J. Schouten, Marcel W.M. Post

Development of a framework to define the functional goals and outcomes of botulinum toxin A spasticity treatment relevant to the child and family living with cerebral palsy using the International Classification of Functioning, Disability and Health for Children and Youth
Nick Preston, Mike Clarke, Bipin Bhakta

Effect of botulinum toxin-A on the muscle architecture of stroke patients: The First Ultrasonographic study
Fatih Tok, Levent Özçakar, İsmail Safaz, Ridvan Alaca

Influence of a concurrent cognitive task on foot pedal reaction time following traumatic, unilateral transtibial amputation
Tim Pauley, Michael Devlin

Is outdoor use of the six-minute walk test with a global positioning system in stroke patients’ own neighbourhoods reproducible and valid?
Lotte E.G. Wevers, Gert Kwakkel, Ingrid van de Port

Investigating muscle selection for botulinum toxin-A injections in adults with post-stroke upper limb spasticity
Ian J. Baguley, Melissa T. Nott, Lynne Turner-Stokes, Stephen De Graaff, Pesi Katrak, Paul McCror, Monica de Abadal, Andrew Hughes

Effect of intravenous immunoglobulin on pain in patients with post-polio syndrome
Lars Werhagen, Kristian Borg

The ICF and Florence Nightingale – bringing data to statistical proof
Eva Grill, Martin Müller

Comment on “Characteristics and correlates of rehabilitation charges during inpatient traumatic brain injury rehabilitation in Singapore”
Surya Shah

Response to Letter to the Editor by Shah
Karen Chua

Comment on “Commentary on: Past and present issues in Rasch analysis: The FIM revisited”
Åsa Lundgren-Nilsson, Alan Tennant

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**Calendar of Events**

**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:**

- **Stroke**
- **Neurology**
  - [www.eurostroke.org/esc_main%20links.htm](www.eurostroke.org/esc_main%20links.htm)
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  - [www.wfnr.co.uk/docs/events.htm](www.wfnr.co.uk/docs/events.htm)
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  - [www.iofbonehealth.org/meetings-events.html](www.iofbonehealth.org/meetings-events.html)

= congresses offering reduced registration fees for ISPRM members
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,

2014

8th ISPRM World Congress,

2015

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