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Issue 23, March 2016

## Message from the President

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Prof. Jianan Li  
President of ISPRM

*“Medicine adds days to life, physical and rehabilitation medicine adds life to days”*

Dear Colleagues,

2016 is off to a flying start with major meetings happening worldwide: the Association of Academic Physiatrists (AAP) in Sacramento, USA, The Asia-Oceania Conference of Physical & Rehabilitation Medicine (AOCPRM) in Cebu, Philippines and ESPRM about to be held in Estoril, Portugal.

But our major focus now is our own International Congress in Kuala Lumpur coming up in only a few months. This congress is not only the opportunity for us to meet and discuss the future of our society, it is also for you to listen to innovative scientific sessions where worldwide experts will share their research and hands on experiences. ISPRM 2016 will give you the opportunity to be inspired by cutting edge science and top notch participants, so please don't forget to register and make sure you take the time to enjoy Kuala Lumpur. More information about what to see can be found here:

<http://www.isprm2016.com/congress-information/about-kuala-lumpur#.Vu15zuLhCUk>

On the society side, our main focus now is to launch two new membership benefits that will soon be available for members:

Firstly, the IJPRM, the newly created online journal of ISPRM is ready to receive your contributions allowing us to share knowledge with all ISPRM members for free. Please contact the ISPRM Office [isprmoffice@kenes.com](mailto:isprmoffice@kenes.com) to learn how to proceed to submit your paper.

Secondly, as previously announced, our other main focus is to launch our Education Portal during the

congress. It will be a work in progress and many courses will be developed by the Education committee in the future.

This will also be my last message as President of ISPRM as I will be stepping down in Kuala Lumpur and handing over the baton to Prof. Jorge Lains to start his presidency. Although challenging and time consuming, I gave my best during these two years and will continue to support our efforts as Past President.

Best wishes,  
Jianan Li

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## ISPRM 2016 WORLD CONGRESS



## REGISTER NOW TO HEAR TOP EXPERTS

Find out who's who at ISPRM 2016 on our [meet the speakers webpage](#). Read biographies and current research projects for all of the outstanding faculty joining us in Kuala Lumpur.

Our faculty consists of international experts from across the globe. Together we will 'Embrace and Empower Rehabilitation Medicine: from Knowledge to Practice' and take home knowledge gained from renowned experts, researchers and colleagues.

[Register Today and be a part of ISPRM 2016!](#)

### National Societies contact information update

In order to improve communication with ISPRM National Societies, the ISPRM Central Office kindly asks each official Representative of ISPRM National Societies to check their respective

contact details being displayed on <http://www.isprm.org/discover/assembly-of-delegates>.

Should there be any inaccuracy, please contact us at [isprmoffice@kenes.com](mailto:isprmoffice@kenes.com).

## Developments in the PRM World

**Dr. Roser Garreta, the president of the Spanish Society of Physical Medicine and Rehabilitation (SERMEF), award for professional excellence of the College of Physicians of Barcelona.**



It is an honor to announce that the president of the Spanish Society of Rehabilitation and Physical Medicine (SERMEF), Dr. Roser Garreta, has been awarded with the Professional Excellence Award 2015 which is awarded by the Barcelona Medical Association (COMB). The award is based on honesty, commitment, altruism, integrity and professional excellence.

Awards for Professional Excellence from the COMB publicly recognise catalan doctors with a high quality of professional activity. These awards are given in areas of internal medicine, primary care, public, mental health and social care, biomedical research and medical humanities. Dr. Garreta has been awarded in the category of Hospital Care Medicine.

Faced with such an outstanding recognition of her long career, the president of SERMEF said "throughout my career I only had done what all the doctors usually do; being a doctor is much more than a profession, this is a way of live". She also expressed that she felt very "honored and grateful" to the COMB for this award.

Dr Garreta was trained as a medical specialist in physical medicine and rehabilitation at the Vall d`Hebron Hospital in Barcelona and graduated in Hospital Management at the ESADE Business School in Barcelona. She achieved a post grade degree in hospital quality management at Sant Pau Hospital (Barcelona). Furthermore, she is the Director of PMR Department at the Hospital Mutua Terrassa and the Biomechanics and Rehabilitation Service Mutual Egarsat, where she is also the

Director of the Movement Analysis Laboratory of Egarsat-SUM.

### **MODERNIZATION OF REHABILITATION IN SPAIN**

In her career, Dr. Garreta has moved into interventional and minimally invasive techniques utilizing as diagnostic and therapeutic methods, dealing with pain, musculoskeletal diseases and neurological pathologies. She has encouraged a modernization of diagnostic and therapeutic strategies for improving the quality of life in patients with disabilities. From the Spanish Society of Rehabilitation and Physical Medicine (SERMEF) she has been focusing her efforts on spreading the biomechanics and robotics knowledge in our specialty.

Merce Avellanet

ISPRM representative for Spain

### **Activities of Dr. Germano Pestelli as ISPRM Ambassador for Albania and Moldova**

In the period January 1 to September 30, 2015, I went 4 times in Albania and one time in Moldova.

In Moldova, after being contacted by the Moldovan vice ambassador in Milan, I had contact with the president of the parliamentary committee on health, I had a meeting with the responsables of the rehabilitation center in Chisinau the capital town.

In Moldova from 2013 to 2015, together with the Italian embassy, SIMFER and Italian Green Cross, I participated as a teacher in a training project for CBR of 74 nurses, volunteers and caregivers in the Telenesti Region about 100 km from the capital Chisinau. Moldova is a country where absolutely rural environments are very great as one moves away from the major centers. Our presence in Telenesti permitted the regional leadership and the hospital management to implement a schedule for the opening of 14 beds for people with disabilities in need of acute and post acute rehabilitation. In this perspective our preventive action to create centers of community rehabilitation was perspective because of in this way disabled people can be discharged into territorial patterns that we had prepared before Moldavian vice ambassador in Milan contacted me for the opening of a center with beds for rehabilitation to disabled people after neurological diseases in a small town about 20 km from capital town. We talked about and shared but the parliamentary elections in Moldova have slowed this second initiative that will resume in early 2016 after the definition of the electoral results.

In Albania a fruitful work has been done with the foundation that gain money go for government programs for health's actions. The responsible decided to create a specific agency for rehabilitation in order to define national routes for disabled people. In Albania there are not medical specialists in

rehabilitation except a colleague in Tirana. About 100 physiotherapists have been trained since 2010 until to day (through Italian cooperation) seeking to give strenght to rehabilitation in a difficult country that is growing technologically and socially, but that has difficulties for a development of the health system due to conceptual and environmental factors. I spoke at length of the routes and territory acute- post-acute and chonical diseases, as well as to update activities for the development of positive action to improve quality of life of disabled people. In Albania they are thinking to create specialistic rehabilitation centers as spinal cord jnjuries unit. I shared it but I expressed my opinion that it would be better to create a first basic territorial rehabilitation activities or hospitalization not so specilistic in some major cities and after to give start at specific centers for severe disabilities. I come to the real problem of Albania (and also, but less, of Moldova): shortage of specialists in Physical Medicine and Rehabilitation, there are 2 in Moldova and 1 in Albania. Moldovans specialized in Soviet Union and Albanian one in European Community.

I proposed some actions to be developed over time:

- Start activities in 2-3 major Albanian cities of update by medical specialists in rehabilitation, ISPRM members and in collaboration with the international associations of therapists and occupational therapists.
- To promote, through free subscriptions, membership to ISPRM of doctors currently not specialists but who manage effectively the activities of rehabilitation and encourage upgrading abroad.-
- Create an agreement with Italian universities, but also Greek, Turkish or other countries to open in Tirana a course of specialization in physical medicine and rehabilitation for MDs.
- To try for doctors physiatrists of Albanian origin to return home to produce positive activities, but this is already the most difficult.
- To do culturally help and giving specific assistance as ISPRM opening of wards and rehabilitation services in the area and encourage the CBR in rural locations of the mountains of the north-east.

I am trying too to improve Comunity Based Rehabilitation in Italy, where there was not this kind of activity. We start to do something about it in Forli, Viterbo, Ferrara, Bertinoro, Veneria Reale, and we hope to grown this activities all over the italian territory. Not I directly but with the help of Green Cross of Meldola and Predappio, a group composed by a MD in Rehabilitation and 2 Physios started to work about CBR in Ucraina, and we hope to go in Bosnia Hercegovina in 2016 to start a project about CBR. I remember you that Italian cooperation for rehabilitation, with the help of SIMFER, did something for disable people from 1999 also in Etiopia, Ghana, Montenegro, Guatemala.

Thanks to ISPRM and it President Prof. Janan Li who permit me to do this wonderful activity for disable people.

Germano

MD

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in

Rehabilitation,

Pestelli

Italy



## **Nelapese Accademy of Physical Medicine and Rehabilitation (NAPM&R) participation at AOCPRM 2016**

### **Disability and rehabilitation in Nepal**

More than 10% of the population of Nepal lives with some form of physical disability. The vast majority of these persons reside in rural areas where many are confined to their homes. Civil infrastructure in urban areas of Nepal is not disability-friendly with difficult access to public right-of-ways, transportation, and municipal and private buildings. Moreover, society is generally non-accepting of persons with disability and though disability legislation is becoming stronger, its implementation is extremely limited. Nepal's limited rehabilitation services are primarily provided by allied rehabilitation professionals including inadequate numbers of physical therapists, occupational therapists, speech language pathologists, and rehabilitation nurses. No local physiatrists currently practice in Nepal. Scarce rehabilitation resources were further challenged by the April 2015 8.1M earthquakes which killed over 9,000 people and injured more than 23,000. New injuries included severe disabling injuries such as traumatic fractures and spinal cord injury (SCI).

### **My experience in the 2015 Nepal Earthquake**

A Nepali citizen currently residing in the USA soon to enter PM&R residency training, I responded to the American Academy of Physical Medical and Rehabilitation (AAPM&R) call for physiatrist volunteers to assist in Nepal. I deployed to Nepal twice, serving for three months at the Spinal Injury Rehabilitation Center – Nepal where I helped manage more than 150 SCI patients along with the facility medical officer and two other foreign physiatry volunteers. The on-site SCI training received from the US and Italian physiatrists significantly strengthened my professional technical skills and my knowledge of local Nepali language and culture greatly facilitated communication with patients and

their families. This was a both a challenging and rewarding disaster rehabilitation experience for all involved as we strived to provide quality rehabilitation for SCI patients amidst difficult circumstances including aftershocks which required temporary relocation of the center's patients. Initial development of the Nepalese Academy of Physical Medicine and Rehabilitation (NAPM&R) While serving together in Nepal following the earthquake, several expatriate Nepali doctors realized the need to develop the PM&R specialty in Nepal. Our ongoing discussion has resulted in the formation of the Nepalese Academy of Physical Medicine and Rehabilitation (NAPM&R) which is currently pending registration with the Government of Nepal under its new constitution. At the recent Joint Congress of 5th Asia-Oceanian Conference of Physical and Rehabilitation Medicine & 26th Philippine Academy of Rehabilitation Medicine Annual Convention (Feb 18-22, 2016; Cebu, Philippines), I had the opportunity to deliver a plenary presentation featuring the development of NAPM&R which included its initial conceptualization, organizational policies, current activities, and future plans. AOCPRM 2016 also afforded NAPM&R the opportunity to interact directly with leadership of other national societies in Asia-Oceania; several in fact offered specific pledges of support to NAPM&R.

#### **Additional benefits for NAPM&R in participation in AOCPRM 2016**

AOCPRM 2016's rehabilitation disaster relief program provided a venue for the valuable sharing of experiences of disaster rehabilitation teams from Bangladesh and Malaysia which responded in Nepal as well as rehabilitation disaster relief initiatives of other countries in the region including responses in previous large-scale natural disasters by the Philippines (Typhoon Haiyan, 2013) and Iran (Bam Earthquake, 2004). A plenary by an ISPRM representative on the WHO Emergency Medical Team Initiative including recently established global minimum rehabilitation standards for teams highlighted the positive contribution of this global response mechanism to the professionalism, coordination, and effectiveness of the international response in the Nepal Earthquake.

I also attended the ISPRM Committee on Rehabilitation Disaster Relief's (CRDR) business meeting in which I shared my Nepal experience to help inform development of the ISPRM's disaster response policy which was discussed. Specifically, ISPRM's role in communicating WHO emergency humanitarian policy and in providing disaster education and training resources appears relevant for low resource, disaster-prone countries like Nepal. Additional NAPM&R consultations with ISPRM executive leadership on affiliation with ISPRM as a member national society and on ISPRM Education Committee guidance on development of a PMR residency curriculum in Nepal to train future physiatrists were extremely beneficial.

On behalf of the Nepalese Academy of Physical Medicine and Rehabilitation, I would like to sincerely acknowledge the Philippine Academy of Rehabilitation Medicine and AOSPRM for inviting me to present at AOCPRM 2016, ISPRM for providing a supporting travel grant, and the many international rehabilitation colleagues for extending a kind welcome and their generous support. NAPM&R looks forward to building strong relationships with AO regional PMR societies, AOSPRM, and ISPRM as part of its vision for successful development of PMR in Nepal. Thank you!

Manoj Poudel / General Secretary / Nepalese Academy of Physical Medicine and Rehabilitation (NAPM&R)

Readers may also wish to refer to the related article 'CRDR Update: Focus on the April 2015 Nepal Earthquake' article in the [21 Oct 2015 issue of ISPRM News & Views](#)

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**Mary Free Bed names Dr Andrew Haig as Vice President of Accountable Care and Medical Informatics**

Grand Rapids, Mich. — Dr. Andrew Haig, an internationally recognized rehabilitation expert, has joined Mary Free Bed Rehabilitation Hospital as Vice President of Accountable Care and Medical Informatics. Dr. Haig is professor emeritus of physical medicine and rehabilitation at the University of Michigan and president of Haig et al. Consulting in Ann Arbor, Mich., a quality-care group that builds medical rehabilitation programs.

[Read more](#)

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Management (IFDM) 2016**

22–24 November 2016, Kuala Lumpur,  
Malaysia [learn more](#)

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Inclusion, Participation & Human Rights in  
Disability Research**

30 June – July 1st 2016, Stockholm [learn  
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**European Association for the study of  
head injured patients & their rehabilitation**

20 May 2016, Bordeaux, France [learn  
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