Message from the President

Prof. Marta Imamura  
President of ISPRM

Dear ISPRM Members,

I am delighted to announce that the first Committee Chairs Meeting was held in Sao Paulo, on January 11th and 12th 2013, with the presence of most Committee Chairs. At this occasion, we had the opportunity to discuss the strategic planning for committee activities to be developed during the next two years.

Thanks to a professional project management mentorship, committee chairs elaborated seven Work Breakdown Structures. This means that ISPRM has seven concrete projects, with clearly defined deliverables and deadlines that you will be able to find at the members-only page of the ISPRM website. You will be able to follow up all the work accomplished by the President’s Cabinet, Executive Committee and ISPRM Committees. Your feedback will be of vital importance to improve activities and to deliver products that are relevant to the membership.

For that same purpose, we have placed a membership survey on the website and would like to invite you to answer it. Your valuable input will assist us find the best ways to best serve you! It will take only 5-7 minutes of your time!

Another issue that was discussed during the Committee Chairs meeting is the upcoming 7th World Congress to be held in Beijing in June 15th until June 20th. The Congress Scientific and Organization team are planning several innovative activities to strengthen the international collaboration and within the nine ISPRM world areas.

Sao Paulo State Secretariat for the Rights of Persons with Disability representative Luiz Lopes, presented accessibility resources and devices for scientific meetings: interpreters for language and sign language, interpreter guides, audio description, web accessibility, and physical accessibility, among others.
Another recent major achievement for persons with disability is the adopted draft Resolution on Disability by the Executive Board of the World Health Assembly.

During the Executive Board Meeting, ISPRM focal point Prof. Christoph Gutenbrunner, emphatically supported the Resolution to endorse the recommendations of the 2011 World Report on Disability by WHO and the World Bank. As a nonprofit organization, with official relation to the WHO, ISPRM will work together with its members in over 60 countries to implement the Recommendations at a local level in partnership with the Ministries of Health and all sectors of society.

The resolution on disability has been forwarded to the World Health Assembly (WHA) meeting, to be held in Geneva, on May 2013. WHA 194 member states will be discussing the disability resolution.

Towards this goal, we have contacted presidents of several National Societies in Asia Oceania, Pan Arabic, North and Latin America regions in order to harmonize and align the implementation of the World Report on Disability within all ISPRM members.

We count on your active role to participate in this global initiative to promote best care for persons with disability!

With my Best Regards,

Prof. Marta Imamura
President of ISPRM

---

**Special Offer for ISPRM Members**

ISPRM and the publisher of the textbook on Acute Medical Rehabilitation are offering a special discount for members of ISPRM of 30%. This textbook offers more than 500 pages, dedicated to 26 chapters ranging from Spinal Cord Injury, Stroke, Brain Injury, Amputation and other important diagnoses to complications such as Heterotopic Ossification, Contractures, Pressure Ulcers etc.

The book offers practical and concise information for physicians, nurses and other healthcare professionals, that are involved in the medical care for those patients that will need long-term rehabilitation. The focus is on the first history of PRM Worldwide

---

**History of PRM Worldwide**

54 years of Physical and Rehabilitation Medicine in Poland

This is the first in a series of articles on the history of PRM in various countries or regions of the world. For this first article I am pleased to present an interesting history of the specialty in Poland. I hope you will find it as interesting as I did.

In future editions of News and Views we will be highlighting other parts of the world. This will provide a history of the field. Hopefully the experiences of others may help in the continued development of the field elsewhere.

If any readers would like to write a history of their country/region or know of someone who might be able to do so, please forward that information to me. Over time, we hope to include a variety of further articles in this series.

Ralph Buschbacher, MD, Editor

[Click here](#) to read the article 54 years of Physical and Rehabilitation Medicine in Poland by Jolanta Kujawa, Krystyna Księżyńska Orlowska, Marek Krasuski and
days and weeks after surgery, trauma or onset of disease. The textbook *Acute Medical Rehabilitation* can be ordered through the website [www.acutemedicalrehabilitation.com](http://www.acutemedicalrehabilitation.com) or by sending an email to h.j.stam@erasmusmc.nl or hmbuyruk@vitalmedbodrum.com. More information can be found on the website. Special discounts are available for residents and students.

Henk Stam

---

**International Brain Injury Association**

TBI Pharmaceuticals — The long odyssey of cyclosporine is almost over

[Click here](#) to read the article.

Youth Offending and ABI - A practical approach

[Click here](#) to read the article.

---

**Rehabilitation in Kenya at a Glance**

Dr Paolo Capodaglio

In Kenya, there are no PMR doctors and the rehabilitation team consists of:

- Physical therapist *
- Occupational therapist *
- Orthopaedic technician
- Orthopaedic surgeons
- Social workers
- Psychologist

---

Chairmen of the Polish Rehabilitation Society

(from the left: founder and first Chairman of PRS Prof. Jan Haftek, then Prof. Jerzy Kiwerski, Prof. Andrzej Kwolek and current Chairman Prof. Jolanta Kujawa)

---

**ISPRM Publications:**

Researchers from ISPRM Rehabilitation Disaster Relief Committee demonstrate that rehabilitation is effective after natural disaster

Jim Gosney

Every year natural disasters cause scores of disabling injuries including complicated fractures, spinal cord injuries, amputations, traumatic brain injuries, and crush syndrome which require both acute and long-term rehabilitation management. Catastrophic, sudden-onset disasters most commonly occur in low-resource regions which generally lack medical rehabilitation infrastructure and perspective - and the incidence is rising! Local and foreign medical disaster relief efforts must therefore include medical rehabilitation as an essential health service in addition to surgical and other medical services following a disaster. Medical rehabilitation however has been historically neglected in disaster relief planning and response. One reason may be the lack of robust scientific evidence on the effectiveness of comprehensive medical rehabilitation service delivery after disaster on which to base rehabilitation intervention.

Chinese, Swiss and American researchers from the ISPRM’s *Rehabilitation Disaster Relief Committee* have now started to close this gap. In a recent paper published in *PloS One* (Zhang et al. 2013), they show that a comprehensive rehabilitation program combining the resources of international NGOs, local health departments, and rehabilitation volunteers (‘NHV model’) was effective in improving physical function of victims of the 2008 Sichuan earthquake in the People’s Republic of China. This study features a longitudinal prospective design with two intervention patient groups and a control county in which specially designed rehabilitation programming was not performed (i.e., quasi-experiment). The research demonstrates that a comprehensive rehabilitation program comprised of hospital and community-based rehabilitation (CBR) components...
”the two strongest professional Associations for Rehab in Kenya. The Chairs of the two Association could well be the reference contacts for ISPRM

- Psychiatrist
- Speech therapist
- “Special educationist”

- In most cases anyone undertaking an educational course in rehabilitation has to attend medical training college for a maximum of three years and upon completion is eligible to register in line with his/her profession (mandatory when it comes to practicing)
- The government embraces the rehabilitation services by creating opportunities for rehabilitation practioners to work in medical rehabilitation, community-based rehabilitation (CBR), psychiatric institutions and special schools.
- The government also collaborates with the Ministry of medical services in employing the team professionals, though not every government hospital is entitled to provide rehabilitation services; major hospitals referral hospitals and national hospital do have rehab department
- Rehab services include CBR programmes, outreach programmes usually targeting marginalized areas and orthopaedic workshop
- There is a general lack of specialized equipment in the facilities, poor infrastructures which cannot accommodate the needs of people living with significantly improved physical function of the earthquake survivors in the intervention counties but not in the control county. Moreover, development of new rehabilitation infrastructure was observed including hospital rehabilitation services as well as training and education curricula for providers, patients, and caregivers.

The authors conclude that the “rehabilitation program benefitted the individual and society, rehabilitation services in China, and international rehabilitation disaster relief planning. Similar ... programs should therefore be considered for future large-scale rehabilitation disaster relief efforts.” (Zhang et al. 2013)

The paper is an open access publication and can be downloaded under: http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0053995

disability
• Lack of CME events and workshops and higher learning education centres

HEALTH STRUCTURE

Dispensary

↓

Health Centre

↓

Sub district Hospital

↓

District Hospital

↓

Provisional Hospital (Referral Hospital)

↓

National Referral Hospital
Discover the list of recently published articles of the “Journal of Rehabilitation Medicine”

Volume 45

> Issue 1, January 2013
> Issue 2, February 2013
> Issue 3, March 2013

**Foundation for PM & R Grants**

The Foundation for PM&R has four grant offerings currently available:

**ISPRM World Congresses**

7th ISPRM World Congress,
June 16 - 20, 2013, Beijing, China
[www.isprm2013.org](http://www.isprm2013.org)

Click here for further information.

8th ISPRM World Congress,
June, 2014, Cancun, Mexico

**Congresses & Events in the PRM World**

**March 2013**

XIV SPMFR National Congress
Lisbon, Portugal
March 7-9, 2013
> More info

The Jerusalem International Conference on Neuroplasticity and Cognitive Modifiability
Jerusalem, Israel
March 10-13, 2013
> More info
1) Richard Materson, MD ERF New Investigator Award

2) Gabriella Molnar-Swafford, MD Pediatric PM&R Research Grant

3) Scott Nadler, MD PASSOR Musculoskeletal Research Grant

4) Mid-Career Investigator Award

The deadline to apply for each of these grants is May 1, 2013. Application forms and criteria can be found at: http://foundationforpmr.org/research-grants/

Any international researchers can apply for these grants, but one co-author has to be a member of the "Association of Academic Physiatrists" or the "American Academy of Physical Medicine and Rehabilitation".

---

9th ISPRM World Congress, June 21-25, 2015, Berlin, Germany
www.isprm2015.org

---

April 2013

2nd International Spinal Cord Repair Meeting
Barcelona, Spain
April 26-27, 2013
> More info

> See more events