ISPRM
International Society of Physical and Rehabilitation Medicine

INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE (ISPRM)

BOOK OF REPORTS 2019

ISPRM Annual report of 2018



www.isprm.org

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PRESIDENT'S REPORT

President's report – *Walter Frontera*



It has been an honor to serve as President of ISPRM this year. I have had the opportunity to meet personally and/or interact with many colleagues around the world and discuss issues relevant to PRM. In my opinion we have many reasons to be optimistic about the future of rehabilitation. We recognize our challenges, yes, but also the increasing importance of rehabilitation in health systems and the talented workforce of outstanding young physiatrists who will lead our future efforts.

This brief report is a summary of some of the activities that we have completed during the course of the year on behalf of ISPRM. The Secretary's and Treasurer's reports elaborate on more activities and provide more details for the following.

Central Office: As you know, effective January 1, 2019, we established a new central office with AIMG Group International in Milano, Italy. We now have a great team of Rosangela Quieti, Daniela Pajola, and Jessyca Idi managing the day-to-day operations of the Society. With this transition came the change in bank accounts, the updating of official documentation as well as the reorganization of some of the processes required to manage the business of the Society. An external auditor was hired to conduct an audit of the ISPRM as well as the Congress (see Treasurer's report)

We are officially registered in Switzerland and the official home of ISPRM is now that of the Swiss Society of PRM. We greatly appreciate the support of the Swiss Society of PRM in this regard.

The President's cabinet continues to have a monthly videoconference coordinated by the central office to discuss regular business. One videoconference was organized last December to include the Executive Committee and several committee chairs have participated in the monthly call to exchange ideas about the work of their committees. Technology has provided an easy and low cost way of maintaining frequent communication with the members of the various groups within ISPRM.

Membership: One of our main objectives this year has been to increase the number of national societies in ISPRM. At the time of this writing, we have a record number of 69 countries in ISPRM (compared to 61 at the same time last year). However, there are more societies around the world that have not join ISPRM. Although it is not a number that is easily obtained, we have estimated that there are another 21 national societies in various countries that are not yet members of ISPRM. Increasing the level of participation of colleagues globally will strengthen ISPRM and our message, enhance the development of PRM as a medical specialty, and contribute to the mission of enhancing quality of life for persons with disabilities. We need to continue to work on this.

Committees, Task Forces, and Special Interest Groups: Our committees have been very active, many with new Chairs, and reports of their activities are included elsewhere in this book. Several have been restructured and all of the committee guidelines and policies and procedures have been updated.

In addition to the work of the Standing and Ad-hoc committees, four new task forces were appointed (see reports below) to address and work on specific issues including the following:

- ClinFIT (the development of a tool for documentation of function)
- Physical Activity for Persons with Disabilities
- Raising Awareness of Rehabilitation in Medical Journals
- The Young Specialists, Residents, and Medical Students (World Youth Forum)

Finally, one special interest group (SIG - a recently approved mechanism to bring together colleagues with the same interest), was established on the topic of aging and sarcopenia.

International Education and Development Funds (IEDF): As a result of an open competition and with funds from the IEDF, a total of 20 grants were awarded to candidates from 20 countries to attend this 13th World Congress. The main objective of this project was to facilitate the attendance of colleagues from low-income countries and young PRM physicians, our future leaders.

Publications: Three important publications have become important means for communication with our members and the scientific and medical community in general. Our newsletter, News & Views, is now a monthly publication. The objective is to increase the frequency of communication with our members and disseminate as much information as possible about the workings of the Society. The Journal of ISPRM, an online only open access journal, is already in its second volume already publishing high quality research. Finally, the Scope Book of ISPRM has been published as a supplement in the JISPRM. The purpose of the Scope book is to define the specialty of PRM for all globally and to harmonize content as well as practice around the world. This supplement is available online free of cost.

World Congress: We are here in Kobe looking forward to an outstanding Congress together with the annual meeting of the Japanese Association of Rehabilitation Medicine. The next three Congresses will be in Orlando (USA), Lisbon (Portugal), and Sydney (Australia). Here, in Kobe, we will decide on the host country for the 2023 World Congress among four candidates including, in alphabetical order, Canada, Colombia, Cuba, and Peru.

These activities represent a real team effort and not the work of a single individual. Therefore, I would like to thank the President's Cabinet and Executive Committee for their work on some of the above-mentioned projects, commitment to the future of ISPRM, and enthusiasm for our mission.

SECRETARY'S REPORT

Secretary's report – *Peter Lim*



Summary of the ISPRM's Activity

It has been a great year for the ISPRM with many activities including a very successful World Congress in Paris, France with more than 4,000 participants from 103 different countries.

There has been a major change in our Central Office which provides secretariat services and association management for the Society. The contract with Kenes terminated as of 31 December 2018, and after reviewing 8 companies/organizations and 2 individual bidders, we decided upon the AIM Group International, Milan, Italy which has many years of experience with society management. The transition has been smooth with the valued cooperation and assistance of our former CO staffers Linda Bosschers and Louise Gorringe. Some of you may already have had contact with our new AIM contact person the wonderful Jessyca Idi, strongly supported by Daniela Pajola and Managing Director for Milan, Rosangela Quieti.

Several Task Forces were supported and initiated in fresh areas of interest, and we are excited to foster their activities and development process as the scope of ISPRM continues to grow. Special Interest Groups are also being considered within the ISPRM, in smaller areas of interest which may not fit into task forces or committees. The President's Cabinet (PC) continues to meet monthly online by WebEx where ongoing and new initiatives are brought up, discussed, and worked on. Other developments include initiation of a Directors and Officers insurance policy for the ISPRM with Llyod's of London. The Journal of the ISPRM (JISPRM), a free-access online journal for the society with Gerard Francisco at the helm as Editor-in-Chief has been successfully launched. We are in the midst of setting up an ISPRM Accreditation Organization (ISPRMAO) which will have a major role in the accreditation of rehabilitation physicians and facilities where this does not currently exist.

The ISPRM continues to gain recognition and strength in many different ways – our endorsement on position papers and projects are actively being solicited by various organizations. The year closes out with the 13th ISPRM World Congress from 9-13th of June 2019, in Kobe, Japan. See you there!

Names of Committee Members

<u>President's Cabinet</u>
Walter Frontera (WF) – President
Leonard Li (LL) – President Elect
Francesca Gimigliano (FG) – Vice President
Jorge Lains (JL) – Immediate Past President
Sam Wu (SW) – Treasurer
Peter Lim (PL) - Secretary

<u>Council of Past Presidents</u>
Jorge Lains (Chair)
Jianan Li
Marta Immamura
Gerold Stucki
Joel Delisa

Chang-iL Park
Linamara Battistella
John Melvin
Martin Grabois

Executive Committee
Walter Frontera (Chair, President) and President's Cabinet
John Melvin - Chair Statutes Committee, Past President
Joel DeLisa - Past President
Carolina Schiappacasse - Representative of Active National Societies - South America
Catarina Aguiar Branco - Representative of Active National Societies - Europe
Abdellatif Elfatimi – Representative of Active National Societies – Africa
John Chae - Representative of Active National Societies – North America
Khalil Alabbadi - Representative of Active National Societies - Eastern Mediterranean
Fary Khan - Representative of Active National Societies - Oceania
Taslim Uddin - Representative of Active National Societies – Southern and South East Asia & Representative of the Active Individual Members to the Executive Committee – Asia & Oceania
Lidian Chen - Representative of Active National Societies - Central & East Asia
Bryan O'Young - Representative of the Active Individual Members to the Executive Committee - Americas
Eiichi Saitoh - Representative of the ISPRM World Congresses 2019 - Kobe
Amparo Assucena - Representative of the Active Individual Members to the Executive Committee - Europe, Eastern Mediterranean & Africa

Representatives of the Active Individual Members
Mark Lissens (Chair)

Audit and Finance Committee
Sam Wu (Chair, Treasurer)
Joel DeLisa
Walter Frontera
Darryl Kaelin
Leonard Li
John Olver
Yaron Sacher
Eiichi Saitoh
Tiebin Yan

Awards and Nominating Committee
Jorge Lains (Chair, Immediate Past President)
Toyoko Asami
John Chae
Jianan Li
Xanthi Michail
Carolina Schiappacasse
Alain Yelnik

Statues Committee
John Melvin (Chair)
Amit Bhargava
Andrew Cole
Bong-Ok Kim
Jorge Lains (PC Liaison)
Maher Saad Al Jadid
Anthony Ward
Mark Young

International Education and Development Fund Committee
Jorge Lains (Chair)
Walter Frontera
Leonard Li
John Olver
Marta Immamura

ISPRM Ad-hoc Committee Chairs:
Clinical Sciences & Research Committee: Marco Franceschini (PC liaison: FG)
Disaster Rehabilitation Committee: Fary Khan (PC liaison: PL)
Education Committee: Rochelle Dy (PC liaison: FG)
International Exchange Committee: Moon-Suk Bang (PC liaison: LL)
Publications & Communications Committee: André Thevenon (PC liaison: WF)
UN Liaison Committee: Bryan O'Young (PC liaison: SW)
WHO Liaison Committee: Carlotte Kiekens (PC liaison: WF)

ISPRM Historian
Martin Grabois

Description of Society and Activities during the Year

The ISPRM serves as the global agency for Physical and Rehabilitation Medicine (PRM), as a non-governmental agency (NGO) registered in Geneva, Switzerland, and has official relations with the World Health Organization (WHO). The ISPRM's goal is to optimize functioning and health-related quality of life, and to minimize disability throughout the world.

Mission of the ISPRM
- Enabling physicians and researchers active in PRM to develop and apply optimal care
- Strengthening the development and capacity of national organizations in PRM
- Partnering with international organizations to develop and implement effective disability and rehabilitation policies
- Promoting collaboration among governments, non-governmental organizations, organizations of persons with disabilities, business and others

Committee Meetings and Annual General Meeting (AGM)

- The PC meets online monthly via WebEx, and in between by email or telephone and physically during conferences
- Other Committees meet at different times and frequencies
- Ad-hoc Committee Chairs also join PC meetings at invitation to present their reports
- PC members are assigned as liaisons to each ad-hoc committee for closer communication
- The AGM is held during the Assembly of Delegates at the annual World Congresses

SECRETARY'S REPORT

Committees

- Audit and Finance and Audit Committee – The purpose of the Committee is to supervise and make recommendations about the financial affairs of the Society.

- Awards & Nominating Committee – To nominate candidates for the offices of the Vice President, Secretary, Treasurer, At-Large Trustees of the International Education and Development Fund (IEDF) and the members of the Awards and Nominating Committee. To prepare the criteria for the establishment of awards and prizes, recommend the type of awards (plaques, cash, other) and nominate candidates to receive awards and prizes.

- Clinical Sciences and Research Committee – To improve the quality of research in Physical and Rehabilitation Medicine (PRM), enhance our understanding of disability issues, and inform disability policy.

- Congress Scientific Committee – To ensure a smooth and continuous organization and planning of ISPRM World Congresses.

- Disaster Rehabilitation Committee – To advocate for Physical and Rehabilitation Medicine (PRM) perspective in minimizing disability, optimizing functioning and health-related quality of life in persons who sustain traumatic injury, and those with pre-existing disability during natural or man-made disasters.

- Education Committee – To assist the International Society of Physical Medicine and Rehabilitation in achieving its mission through providing its members educational and training opportunities.

- International Exchange Committee – To serve as a central clearing house for international learning opportunities in Physical and Rehabilitation Medicine

- Publications and Communications – To coordinate the activities of ISPRM related to scientific publishing and information dissemination. Sub-committees: Website, Journals, News & Views, Social Networks.

- Statutes Committee – To assist the International Society of Physical and Rehabilitation Medicine (ISPRM) in achieving its mission through maintaining up-to-date enabling governance documents.

- UN Liaison – To assist the International Society of Physical and Rehabilitation Medicine to optimize function and health related quality of life for persons with disabilities (PWD) through collaboration with the UN.

- WHO Liaison – To Develop ISPRM perspectives and policies for collaboration with WHO, in agreement with ISPRM President.

- Work-groups (Chairs):

    - Strengthening Rehabilitation – Capacity Building (Wouter de Groote)
    - Strengthening Rehabilitation – Rehabilitation in Primary care (Luz Helena Lugo Agudelo)

- Sub-committees (Chairs):

    - Standardized Rehabilitation Reporting – ICF Implementation (Masahiko Mukaino)
    - Standardized Rehabilitation Reporting – Learning Health System for Spinal Cord Injury (LHS-SCI) (Christoph Gutenbrunner – ISPRM and James Middleton – ISCoS)

  - Standardized Rehabilitation Reporting – International Classification of Service Organization in Rehabilitation (ICSO-R) (Christoph Gutenbrunner)

- The ISPRM presented a statement, Agenda item 5b of the 68th Session Regional Committee Meeting WHO Europe 2018 recommending:
  - To map existing rehabilitation services (including access and quality of outcomes)
  - To develop National Plans to improve rehabilitation service delivery and effectiveness
  - To build capacity of a qualified rehabilitation workforce, including specialist physicians and other professionals
  - To ensure access to quality and affordable assistive technology, delivered by competent professionals
- ISPRM members have been asked to be on Development Groups (DG) for the WHO's Package of Rehabilitation Interventions (PRI) a part of "Rehabilitation 2030: A Call for Action", in various areas such as stroke, spinal cord injury, amputations.

Task Forces

- ClinFIT: ClinFIT is the clinical tool derived from ICF. This newly formed and approved task force is chaired by Gerold Stucki. A proposal was explored to copyright the tool but proved to be too expensive, and it is already being used in China and Italy.
- Women and Health – To coordinate the activities of ISPRM related to the specific rehabilitation needs of women. Chaired by Areerat Suputtitada.
- Physical Activity for Persons with Disabilities: To use a human rights-based approach to study and disseminate up-to-date knowledge related to physical activity in this population, including issues such as accessibility, affordability, cultural acceptability and sustainability of physical movement. This newly formed task force is chaired by Yetsa A. Tuakli-Wosornu.
- Raising PRM Awareness in Medical Journals: To regularly check papers published in the top medical journals and give our view as PRM physicians on the topic related to rehabilitation published. This newly formed task force is chaired by Stefano Negrini.
- Ultrasound PRM – Members have published two books supported by ISPRM viz. "Musculoskeletal ultrasound in PRM", and "Sonographic Atlas for common musculoskeletal pathologies", and has started work on a third book. Proposed renaming as Sonography PRM Task Force. Chaired by Levent Ozcakar.
- ISPRM World Youth Forum Task Force – To create a global forum of those training in PRM and increase participation. This is a task force in process of formation.

Special Interest Group

- Sarcopenia: To provide a strong musculoskeletal approach for the definition, diagnosis, classification and management of sarcopenia. In process of formation, to be chaired by Levent Ozcakar.

SECRETARY'S REPORT

Society Activities during the Year

Member Countries:

- Recently added countries: Bolivia, Costa Rica, Dominican Republic, Ecuador, Guatemala, India, Panama, Paraguay, Peru, and Venezuela.
- Pending payment: Several countries are in the process of renewing their membership (Cyprus, Egypt, Honduras, Slovenia, Uruguay).
- In conversation: Lithuania, Bulgaria, Nicaragua, South Africa, North Korea.

National Societies:

- Request from Kosovo for National Society membership: Unable to accede as not currently recognized as a country by UN – for Individual Memberships at this time.
- Request from a second Romanian PRM organization to join as National Society: Currently ISPRM Statutes allow only one national society per country (China has two national societies – grandfathered under old Statutes).
- Request for membership by Chinese-American Association of Chinese Rehabilitation Physicians: Does not fit meet requirements for current categories – may join as Associate Members (no votes) or as Individual Members.

Assembly of Individual Members (AIM):
AIM Chair requested inclusion in the Executive Committee in addition to the 3 representatives currently, as not a certainty that the Chair would be elected as one of the 3 regional representatives. A counter proposal was for Chair to be one of the 3 representatives. Will require Statutes to be changed, but since this missed deadline for the upcoming AoD, proposal will have to be at following AoD in Orlando.

Membership Fees:
Have been reviewed, with a new fee-structure proposal developed promoting greater equitability for smaller societies and lower membership fees for developing countries. This will be brought to the AoD in Kobe for approval.

Sidney Licht and the Herman Flax Awards:
Winners for the 2019 Awards are Prof. Isabelle Laffont and Prof. Linamara Batistella respectively.

Journal of the International Society of Physical and Rehabilitation Medicine (JISPRM):
The official publication of the ISPRM's first issue containing the Abstracts from the 2018 Congress was launched online during the Congress. ISPRM has signed a MoU with Beijing U-Health, wherein ISPRM has responsibility for content and appointment of the Editor-in-Chief. A second issue will be out shortly.

ISPRM Accreditation Organization (ISPRMAO):
This is an ongoing project and has to be properly incorporated and registered. The ISPRM is working with PAPMIL (Pan Asia Pacific Medical Institute Ltd.) a professional conference organizer and society-management company in Hong Kong. The Core Curriculum is prepared by the ISPRM Education Committee and aimed specifically for countries or regions without an established board or certifying body, to set a standard, provide a framework / guideline / platform for PRM development and advancement. This may include certification, accreditation, and training courses.

ISPRM Website:
The website has been updated. News and Views published on a monthly basis. The Online Learning Portal update: on hold.

Social Media:
ISPRM has a significant presence on Facebook, Instagram, LinkedIn, and Twitter.

Cochrane Rehabilitation:
Financial support of 5,000 euros has been approved for this as it is important to have strong evidence basis in PRM. ISPRM has been recognized on Cochrane website. The CR will present a session at the ISPRM World Congress.

Scope Book of PRM:
This will be published in the 3rd issue of JISPRM. It will also be put into memory sticks for distribution at the World Congress in Kobe.

ISPRM Summit for Developing Countries (ISPRMDC):
Held in Nanjing Nov 29 – Dec 2, 2018 and the speakers included most of the PC and several other ISPRM members.
ISPRM World Congress Presidents:

- 2019 Kobe Japan, President: Eiichi Saitoh
- 2020 Orlando, USA, President: John Chae
- 2021 Lisbon Portugal, President: Catarina Aguiar Branco
- 2022 Sydney Australia, President: Steven Faux
- 2023
    - A call for bids has been completed and there is a short list of 4 cities have been short-listed (Montreal, Cartagena, Havana, and Lima)
    - Details will be prepared for voting by the AoD in Kobe

Scientific Committee Chairs:

- 2019 Kobe: Kazuhisa Domen
- 2020 Orlando: Gerard E. Francisco
- 2021 Lisbon: Joao Pinheiro

International Education Development Fund (IEDF):
These are funds left over from the merger of IRMA and IFPMR, and the Board of Trustees will supervise spending this down and closing the account. Up to 40,000 euros will be used under two different grants with these criteria:
General Grant

1. The candidates must be ISPRM Individual Members in good standing
2. Candidate must come from a low-income and developing country
3. Candidates that have submitted a paper (Oral or poster) will be given priority

Special Grant

1. The grantee must be/become an ISPRM Individual Members in good standing
2. Candidate must be a PRM physician, residents or medical student under the age of 31
3. The grantee shall sign a formal document "MoU" declaring that he/she will be actively working in the Task Force
4. The candidates who have submitted a paper (Oral or poster) will be given priority.

Uses include: Subsidize candidates to attend the ISPRM World Congress in Kobe (>100 applications have been received).

Audits of the ISPRM accounts 2017, and 11th World Congress 2017, Buenos Aires, Argentina:

These have been completed by Harry T.W. Lee & Co., CPA, which has recorded disclaimers regarding insufficient documentation and accounting approaches by Kenes. The Treasurer will provide a full report.

Memorandum of Understanding (MoU):
ISPRM has multiple MoU relations with various organizations which may include set-aside joint sessions at World Congresses. These will be reviewed for renewal or termination.

Global Rehabilitation Alliance (GRA):
ISPRM is one of founding members and ISPRM member Christoph Gutenbrunner just elected as President. The GRA works with several organizations interested in rehabilitation, as advocacy platform.

Commission on Accreditation of Rehabilitation Facilities (CARF):
ISPRM is a subscribing member of their International Advisory Council. CARF is asking ISPRM to comment and possibly endorse international certification of rehabilitation nurses – PC requests CARF for more information.

International Council of CardioPulmonary Rehabilitation (ICCPR):
Requested endorsement for their position paper "Promoting Patient Utilization of Cardiac Rehabilitation". The PC recommended several changes to emphasize PRM which were accepted, and endorsement of the paper has been approved.

Mobility First Consortium:
This Consortium requested endorsement of its Position Paper on "Promoting Access to Appropriate Wheelchair Services" which is under review. The Consortium includes the International Society for Prosthetics and Orthotics (ISPO), Mobility India (MI), Motivation Australia (MA), Novitatech Australia, Sydney Partnership for Health, Education, Research and Enterprise (SPHERE), World Federation of Occupational Therapists (WFOT), and World Confederation for Physical Therapy (WCPT).

Any changes made to the Society's Constitution
Nil

Society's membership numbers
As of September 2018

- 62 National Societies, representing 36,000 members
- 551 Individual Members

TREASURE'S REPORT

Treasurer's report – *Sam Wu*



2018 Financial Year Review and Budget Outcome

As of the date of this report, 1 June 2019, the full audit of ISPRM's 2018 financial statements is in process. The following information is derived from the unaudited financial statements as of 31 December 2018.
The total revenue for the 2018 fiscal year which coincide with the calendar year was 514,754 € and the total expenses were 251,738 € giving a surplus for the year of 263,016 €. Membership dues were 81,599 € which was 15,909 € less than 2017. There was income from donations in the amount of 905 € in 2018.

The expenditure was 117,168 € more than 2017. The majority of the expenditure is due to the 160,000 € payment to SOFMER for their work as the local organizer of the ISPRM 2018 World Congress in Paris. There was also 3,543 € decrease from 2017 in administrative and operating expenses which included the Kenes management fee. The project expenses were 23,150 € lower than 2017. The expenditure for meetings and travels by President's Cabinet members was only 69 € which is 4,231€ less than 2017 and there was 6,178 € lower expenditure for the President's Cabinet Retreat.

The major driver for ISPRM's positive 2018 financial result was the academic and financial success of the ISPRM 2018 World Congress in Paris. The President's Cabinet had worked closely with the leaders of SOFMER, the Congress Scientific Committee, and Kenes management. Our mutual goal was to deliver the best educational experience to the attendees while working to increase revenue by attracting more attendees and sponsors. We also thoughtfully put in place cost containment measures without sacrificing educational value nor social and networking opportunities. These efforts culminated in the robust financial surplus for the ISPRM 2018 World Congress in Paris.

For the ISPRM 2019 World Congress in Kobe, the President's Cabinet is working closely with the leaders of JARM which is the local organizer and with the Congress Scientific Committee. JARM has its own congress management firm. As the financial model consists of surplus sharing with a base guarantee, I am cautiously optimistic that we would achieve good financial results in 2019 because the registration for theISPRM 2019 World Congress in Kobe currently appears to be robust.

Audit

Harry T. W. Lee & Co. in Hong Kong completed the audit of the financial statements of ISPRM for 2017 and the 11th ISPRM World Congress for the period 30 April 2017 to 4 May 2017. Harry T. W. Lee & Co. is also in the process of auditing ISPRM's financial statements for 2018. The logistics in changing ISPRM's central office management from Kenes to AIM and the change in ISPRM World Congress management from Kenes have contributed to the extended length of the auditing process.

The Audit and Finance Committee had met in person at the ISPRM 2018 World Congress in Paris and by WebEx on 2 February 2019. The topics discussed included a review of the audit of the financial statements of ISPRM for 2017 and the 11th ISPRM World Congress for the period 30 April 2017 to 4 May 2017, and review a ISPRM draft budget for 2019. The Audit and Finance Committee recommended approval of this first ever full audit of the financial statements of ISPRM and ISPRM's World Congress. The President's Cabinet had agreed with this recommendation.
The main variances between the audited and unaudited financial statements for ISPRM for 2017 are:

- International Educational & Development Fund (IEDF) funds is classified as expense only and not as income
- Auditor's remuneration is accrued in 2017

Harry T. W. Lee & Co. found on auditing the 11th ISPRM World Congress the following issues (see Page 1 of 11th ISPRM World Congress Report and Income Statement for the Period 30 April 2017 to 4 May 2017):

- "Kenes International Organisers of Congresses SA (Kenes) has not maintained proper books of account and sufficient documentation upon which we could rely for the purposes of our audit."
- "We were unable to obtain sufficient evidence or adopt other satisfactory audit procedures to ascertain the completeness of the income, $1,144,132, stated in the income statement. The amount of bank deposits shown by bank Booking Entries (not bank statements) exported from Direct Net is only $1,038,099 and there is an unexplained difference of $106,033."

Kenes was promptly informed of the above findings.

The President's Cabinet has reviewed ISPRM unaudited financial statements for fiscal year 2018 and the audited financial statements for fiscal year 2017. The Audit and Finance Committee will review the unaudited financial statements for fiscal year 2018 at the ISPRM 2019 World Congress in Kobe. The Executive Committee, and Assembly of Delegates will reviewed the audited financial statements for fiscal year 2017 at the ISPRM World Congress in Kobe. The unaudited financial statements for fiscal year 2018 will be tabled at the Executive Committee and Assembly of Delegates Meetings at the 2019 ISPRM Congress in Kobe unless the full audit for fiscal year 2018 is completed prior to the congress.

The ISPRM's unaudited financial statements for fiscal year 2018 and the audited financial statements for fiscal year 2017 are attached at the end of this report. Once the full audit is completed for fiscal year 2018, the audited financial statements for fiscal year 2018 will be made available to the President's Cabinet, Audit and Finance Committee, Executive Committee, and Assembly of Delegates.

2019 Budget

The President's Cabinet has reviewed the updated ISPRM 2019 draft budget. The Audit and Finance Committee, Executive Committee, and Assembly of Delegates will reviewed the updated ISPRM 2019 draft budget at the ISPRM World Congress in Kobe. The ISPRM 2019 updated draft budget is attached at the end of this report

The ISPRM 2019 draft budget has total income of 200,500 € and total expenses of 216,480 € which result in a surplus of -15,980 € which is approximate to the audited financial result for fiscal year 2017. The surplus for ISPRM 2019 draft budget include the 50,000 € IEDF expense which is 44,233 € more than in 2017. The challenge in preparing the ISPRM 2019 budget has been the uncertainty of the income amount that will be generated from the ISPRM 2019 World Congress in Kobe which has a financial model consisting of surplus sharing with a base guarantee. We have elected to put a relatively conservative income of 110,000 € from the ISPRM 2019 World Congress in Kobe in this year's budget. Specifically, this amount is at the lower end of estimates for ISPRM's income from the ISPRM 2019 World Congress in Kobe.

The President's Cabinet continues to work closely with JARM to ensure ISPRM's interest is represented in the ISPRM 2019 World Congress in Kobe. Moreover, we also have elected to put in a conservative income amount of 500 € for donation and sponsorship income. The amount available to be applied for by ISPRM committees has been increased to 49,000 €.

The 59,000 € from IEDF is contingent upon the approval by the trustees of the IEDF. The IEDF provide funds for ISPRM members from developing countries to attend ISPRM congresses, for JISPRM's editor-in-chief stipend, and for the establishment and maintenance of an internet data-base of PRM experts, individuals and centers. IEDF amount is classified as projects expense items.

Actions and Next Steps

The ISPRM 2019 updated draft budget and the audited financial statements for fiscal year 2017 will be presented for approval during the Assembly of Delegates (AOD) Meeting at the 2019 ISPRM World Congress in Kobe. The ISPRM 2019 updated draft budget may be further amended later in the year as needed.

The Audit and Finance Committee will meet again in person at the 2019 ISPRM World Congress in Kobe.

ISPRM 2019 DRAFT BUDGET - V6 30.05.2019

ISPRM
International Society of Physical and Rehabilitation Medicine

Figures in EUROS

1. UNRESTRICTED INCOME	2019 DRAFT BUDGET
1.1. MEMBERSHIP DUES	80,000
1.2. CONGRESS INCOME	110,000
1.3. DONATIONS & SPONSORSHIPS	500
1.4. DEVELOPING COUNTRIES SUMMIT	10,000
1.5. BANK INTEREST	0
TOTAL UNRESTRICTED INCOME	200,500

2. RESTRICTED INCOME	
2.1. PROJECT-RELATED INCOME FROM GRANTS OR OTHER SOURCES	
IEDF	-
Subtotal	0
TOTAL RESTRICTED INCOME	0
TOTAL INCOME	200,500

3. ADMINISTRATIVE AND OPERATIONAL EXPENSES	
3.1. SECRETARIAT AND ADMINISTRATIVE	
3.1.1. Secretariat / AIM Management Fee	52,460
3.1.2. Fundraising	0
3.1.3. Shipping costs	700
3.1.4. Administration services	1,400

3.1.5. Stationary	100
3.1.6. Telephone / internet	1,560
3.1.7. Chamber of commerce charges	1,000
3.1.8. Legal fees	2,500
3.1.9. Audit	1,500
3.1.10. Bank charges	850
3.1.11. Exchange loss	500
3.1.12. Marketing and communication	3,500
3.1.13 Awards	3,070
3.1.14 Credit Card Charges	1,200
Subtotal	**70,340**
3.2. SOCIETY PROMOTION AND MARKETING	
3.2.1. Graphics & Printing	2,000
3.2.2. Booths	0
3.2.3 Gadgets	10,040
3.2.4 Award Ceremony (Medal/ Trophy)	2,000
Subtotal	**14,040**
3.3. MEETINGS	
3.3.1. External meetings	1,500
3.3.2. Staff travel + accommodation	6,000
3.3.3. ISPRM Executive Travel + accommodation	10,000
3.3.4. ISPRM President's retreat	0
Subtotal	**17,500**
3.4. MEMBERSHIP AND JOURNAL	
3.4.1. Journal operations (JISPRM)	1,500
3.4.2. Other (mailing, stationary, communication)	0
Subtotal	**1,500**
3.5. MISCELLANEOUS	
3.5.1. …	2,000
Subtotal	**2,000**
TOTAL ADMINISTRATIVE AND OPERATIONAL EXPENSES	**105,380**

4. PROJECTS EXPENSES	
4.1. PROJECTS	

TREASURE'S REPORT

4.1.1. Committee funding	49,000
4.1.2. Educational platform	3,500
4.1.3. IEDF expenses	10,000
4.1.4. Other projects	21,000
4.1.5. Stipend editor-in-chief	19,000
4.2 MoUs	
4.2.1. Cochrane Rehabilitation	5,000
4.2.2. IsCOS	1,700
4.3.3. WFNR	1,900
Subtotal	**111,100**
TOTAL EXPENSES	**216,480**
SURPLUS	**-15,980**

International Education and Development Fund Budget	
4.1. PROJECTS	
4.1.3. IEDF EXPENSES - Travel grants 2017	10,000
4.1.4. Other projects	21,000
4.1.5. Stipend editor-in-chief	19,000
Total	50,000

ISPRM financial statement
31.12.2018 (unaudited)

THE INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE (ISPRM)

Geneva

FINANCIAL STATEMENTS

as at

December 31, 2018

THE INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE (ISPRM)
BALANCE SHEET AS AT DECEMBER 31, 2018
In Euro

	Notes	2018 EUR	2017 EUR
ASSETS & LIABILITIES			
Current assets			
Bank	3	827.407	428.900
Accounts receivable		28.009	80.290
		855.416	**509.190**
Current liabilities			
Accounts payable	2b	167.186	83.976
		688.230	**425.214**
FUNDS			
International Education and Development Fund	4	84.434	84.434
General reserves brought forward		340.780	357.723
Result of the year		263.016	(16.943)
		688.230	**425.214**

The notes to the accounts form part of the financial statements.
Page 2

THE INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE (ISPRM)
INCOME AND EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2018
In Euro

	Notes	2018 EUR	2017 EUR
INCOME			
Membership fees	5	81.599	97.508
Donation		905	1.661
Income on Congress	6	422.255	-
Developing countries summit		9.995	18.454
Bank interest		-	4
		514.754	**117.627**
EXPENSES			
Administrative & operating expenses		75.984	79.527
Project expenses		1.998	25.148
Society promotion & marketing	7	2.485	1.844
Bank charges		1.154	1.872
Meetings/travel expenses President's Cabinet		69	4.300
President's Retreat		5.982	12.160
Meetings/travel expenses central office		4.066	3.952
Congress		160.000	-
IED Fund Expenses	4	-	5.767
		251.738	**134.570**
Result for the year		**263.016**	**(16.943)**

The notes to the accounts form part of the financial statements.
Page 3

THE INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE (ISPRM)
NOTES TO THE FINANCIAL STATEMENTS AS AT DECEMBER 31, 2018

1 – GENERAL

The INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE (ISPRM), is registered in Geneva, Switzerland.

ISPRM's objectives are:

- To influence rehabilitation policies and activities of international organizations interested in the analysis of functional capacity and improvement of the individual quality of life. To help national professional organizations to influence national and local governments on issues related to the area of physical and rehabilitation medicine;
- To encourage and support the development of a comprehensive medical specialist in physical and rehabilitation medicine;
- To develop appropriate models for physician training and, therefore, involvement and participation in the physical and rehabilitation medicine process ensuring that their level of training is optimal for the required community needs;
- To encourage a wide interest of physical and rehabilitation medicine in all physicians;
- To provide means to facilitate research activities and communication at the international level;
- To provide a mechanism to facilitate international exchange regarding different aspects of rehabilitation including disseminating information regarding rehabilitation related meetings.

The administration office is at Rue François-Versonnex 7, 1207 Geneva, c/o Kenes International Organizers of Congresses SA.

Its Board (President's Cabinet) Members, currently registered as signatories at the RC, are as follows:

- Stucki Gerold, President
- Olver John, Treasurer
- Costa Lains Jorge, Secretary

In 2015 ISPRM was granted a fiscal exemption for both cantonal and federal Swiss taxes.

2 – BASIS OF PRESENTATION AND ACCOUNTING POLICIES

The accompanying accounts have been prepared under principles of accounting generally accepted for associations registered in Switzerland. The most significant accounting policies are:

a) Reporting currency

These financial statements have been prepared in Euro.

b) Accrual basis

These financial statements have been prepared to use the accruals basis except for income on congress and membership fees which are recorded on a cash basis.

3 – BANK BALANCES

Represent unrestricted cash balances in Euro.

THE INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE (ISPRM)
NOTES TO THE FINANCIAL STATEMENTS AS AT DECEMBER 31, 2018 (CON'T)

4 – INTERNATIONAL EDUCATIONAL & DEVELOPMENT FUND

According to ISPRM Policies and Procedures, Appendix I, "the assets of ISPRM International Education and Development Fund are a part of the assets of the ISPRM, but they are a separate endowment to be used solely for the above-described purpose of education and development according to the rules and regulations described below.

- To support large-scale educational projects that are likely to have important long-term effects such as "White Paper on Education"; Funding for these shall not exceed US$50,000 in total;
- To create a prize for a paper written by a resident to be presented at the congress of the ISPRM (US$ 1,000, once every two years);
- To create a prize for a paper written by a rehabilitation specialist from a developing country to be presented at the congress of the ISPRM (US$ 1,500, once every two years);
- To provide travelling support for one or two specialists from developing countries to the Congress of the ISPRM or to other Regional or International meetings (US$ 2,000 per case);
- To provide one or two scholarships or grants per year to specialist physicians from developing countries for a short period of training (up to 2 weeks) in more developed countries. This application must clearly state the goal of the visit, the support of the local center or organization for this visit and the acceptance of the applicant by the host center (US$ 2,500, per scholarship);
- To support the creation and maintenance of a data-base available on the web page or CD ROM of experts, individual and centers, of different aspects of the discipline. (US $1,500 per year)."

In year 2016 an allocation of €34,600 was made from this fund to finance an online learning platform.

5 – MEMBERSHIP FEES

Membership fees are requested to any national societies and individuals willing to be a member of ISPRM. When in good standing, National Societies and individuals qualify for members' benefits such as reduced registration fees for the annual congress, voting rights during the Assembly of Delegates, access to the Newsletter, etc.

6 – INCOME ON CONGRESS

The income from ISPRM congresses is highly dependent on several factors, such as the location and the strength of the local organizing Society, the costs related to the congress, the number of attendees and the agreement with the local host society.

From 2016, ISPRM World Congresses are organized by Kenes International. This contract will guarantee a minimal amount of income from the congress, in case certain requirement are met.
ISPRM will not be liable in case there is no profit on the World Congress.

7 – SOCIETY PROMOTION & MARKETING

As an International Society, one of the main objective of ISPRM is to promote its activities worldwide and to raise awareness of Physical and Rehabilitation Medicine. Therefore, promotion and marketing of ISPRM is an important part of its activity.

TREASURE'S REPORT

ISPRM Report and Financial Statements for year ended 31 Dec 2017 (audited)

THE INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2017

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Statement of Financial Position	**5**
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(EXPRESSED IN EURO)

INDEPENDENT AUDITOR'S REPORT

TO THE PRESIDENT'S CABINET OF THE INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE
(Registered in Geneva, Switzerland as an association)

Report on the Audit of the Financial Statements

Qualified Opinion

We have audited the financial statements of The International Society Of Physical And Rehabilitation Medicine ('ISPRM') set out on pages 4 to 9, which comprise the statement of financial position as at 31 December 2017, and the income statement for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, except for the possible effects of the matter described in the *Basis for qualified opinion* section of our report, the financial statements give a true and fair view of the financial position of ISPRM as at 31 December 2017, and of its financial performance and its cash flows for the year then ended in accordance with the International Financial Reporting Standards for Small and Medium-sized Entities (IFRS for SMEs) issued by the International Accounting Standards Board (IASB).

Basis for qualified opinion

The evidence available to us was limited in relation to the comparatives and the opening balances of those accounts stated in the statement of financial position brought forward from the unaudited financial statements for the year ended 31 December 2016. Had we been able to obtain sufficient evidence regarding the comparatives and the opening balances of the accounts as at 1 January 2017, the closing balances as at 31 December 2017 might have to be adjusted.

We conducted our audit in accordance with International Standards on Auditing (ISA) and with reference to Practical Guidance (Volume 2) "Guide to Using ISAs in the Audit of Small And Medium-sized Entities" issued by the ISA. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the financial statements* section of our report. We are independent of ISPRM in accordance with the International Federation of Accounts' *Code of Ethics for Professional Accountants* (the Code), and we have fulfilled our other responsibilities in accordance with the Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of the President's Cabinet and those charged with governance for the financial statements

The President's Cabinet is responsible for the preparation of the financial statements in accordance with the IFRS for SMEs issued by the IASB, and for such internal control as the President's Cabinet determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

INDEPENDENT AUDITOR'S REPORT

TO THE PRESIDENT'S CABINET OF THE INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE
(Registered in Geneva, Switzerland as an association)

In preparing the financial statements, the President's Cabinet is responsible for assessing ISPRM's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the President's Cabinet either intends to liquidate ISPRM or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing ISPRM's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our responsibility is to express an opinion on these financial statements based on our audit and to report our opinion solely to you, as a body, and for no other purpose. We do not assume responsibility towards or accept liability to any other person for the contents of this report. Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISA will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISA, we exercise professional judgement and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of ISPRM's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the President's Cabinet.

INDEPENDENT AUDITOR'S REPORT

TO THE PRESIDENT'S CABINET OF THE INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE
(Registered in Geneva, Switzerland as an association)

- Conclude on the appropriateness of the President Cabinet's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on ISPRM's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause ISPRM to cease to continue as a going concern.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Harry T.W. Lee & Co.
Certified Public Accountants

Room 1002 Eastern Commercial Centre
397 Hennessy Road
Hong Kong

TREASURE'S REPORT

The International Society Of Physical And Rehabilitation Medicine
Income Statement
For the year ended 31 December 2017

	2017	2016
	€	€
Income		
Membership fee	**97,508**	99,511
Donation	**1,661**	-
Developing countries summit	**18,454**	19,000
Bank interest	**4**	13
Exchange gain	**-**	9
	117,627	118,533
Less:		
Administrative expenses		
Administration fee	**70,589**	70,589
Auditor's remuneration	**7,336**	1,008
Bank charges	**988**	863
Communication	**878**	1,320
Awards	**190**	-
Postage	**413**	361
Miscellaneous	**122**	535
	80,516	74,676
Other operating expenses		
Travelling - ISPRM Executive	**1,209**	6,731
- GVA staff	**2,022**	2,828
Food and beverage - ISPRM Executive	**798**	652
- GVA staff	**691**	666
Accommodation - ISPRM Executive	**2,293**	1,520
- GVA staff	**1,005**	1,971
Miscellaneous	**234**	634
President's retreat	**12,160**	7,736
Congress business meetings	**-**	2,822
Committee expenses	**18,648**	3,333
Education projects	**3,000**	-
Education platform	**3,500**	-
Graphic and printing	**625**	3,729
Booth	**961**	1,472
Give away	**258**	-
Exchange loss	**884**	-
IED Fund expenses	**5,767**	34,600
	54,055	68,694
Total expenses	**134,571**	143,370
Deficit for the year	**(16,944)**	(24,837)

TREASURE'S REPORT

The International Society Of Physical And Rehabilitation Medicine
Statement of Financial Position
As at 31 December 2017

	Notes	2017 €	2016 €
ASSETS AND LIABILITIES			
Current assets			
Other receivables	6	**80,290**	60,784
Cash at bank		**428,900**	393,026
		509,190	453,810
Current liabilities			
Other payables		**83,976**	11,652
Net current assets		**425,214**	442,158
FUNDS			
International Education and Development Fund	7	**84,434**	90,201
Retained surplus	7	**340,780**	351,957
Total funds		**425,214**	442,158

Walter FRONTERA
President

Sam WU
Treasurer

The International Society Of Physical And Rehabilitation Medicine
Notes to the Financial Statements
For the year ended 31 December 2017

1. GENERAL INFORMATION

The International Society of Physical and Rehabilitation Medicine (ISPRM) is an association registered in Geneva, Switzerland under Article 60 and sequences of the Swiss Civil Code. ISPRM's administration office is located at 7, Rue François-Versonnex, 1207 Genèva, Switzerland.

ISPRM is the result of the merger and integration of the International Rehabilitation Medicine Association (IRMA) and the International Federation of Physical and Rehabilitation Medicine (IFM&R). The merger was accomplished and ISPRM was formed on 13 November, 1999.

ISPRM serves as the global agency for Physical and Rehabilitation Medicine (PRM). As a non-government organization in relation with the World Health Organization, as an international umbrella organization of PRM physicians, and as a catalyst for international PRM research, ISPRM has a humanitarian or civil societal, a professional, and a scientific mandate.

ISPRM thus aims to 'continuously improve PRM practice and facilitate PRM input in international health organizations with the goal to contribute to optimal functioning and quality of life of people experiencing disability'.

The President's Cabinet of ISPRM during the year was as follows:-

Jorge LAINS, President
Sam WU, Treasurer
Leonard LI, Vice President
Walter FRONTERA, President Elect
Jianan LI, Past President
Francesca GIMIGLIANO, Secretary

The President's Cabinet of ISPRM as at the date of this report is as follows:-

Walter FRONTERA, President
Sam WU, Treasurer
Francesca GIMIGLIANO, Vice President
Leonard LI, President Elect
Jorge LAINS, Past President
Peter LIM, Secretary

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

2.1 Basis of preparation

These financial statements have been prepared in accordance with the International Financial Reporting for Small and Medium-sized Entities (IFRS for SMEs) issued by the International Accounting Standards Board.

The International Society Of Physical And Rehabilitation Medicine
Notes to the Financial Statements
For the year ended 31 December 2017

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

2.1 Basis of preparation (continued)

The financial statements comply with IFRS for SMEs and have been prepared under the accrual basis of accounting that expenses are recognized and recorded in the accounting period when they occur instead of when payments are actually made, e.g. administration fee and auditor's remuneration, and on the basis that ISPRM is a going concern. But congress and membership income are recorded when cash is actually collected.

The measurement base adopted is on the historical cost convention.

The following are the specific accounting policies that are necessary for a proper understanding of the financial statements.

2.2 Revenue recognition

Revenue is measured at the fair value of the consideration received.

Revenue is recognised in profit or loss provided it is probable that the economic benefits will flow to ISPRM and the revenue and costs, if applicable, can be measured reliably, as follows:

(a) Membership fee and donation are recognised as revenue when payments are received.

(b) Interest income is recognised on a time-proportion basis using the effective interest method.

2.3 Foreign currency translation

(a) Functional and presentation currency

Items included in the financial statements of ISPRM are measured using the currency of the primary economic environment in which ISPRM operates (the functional currency). These financial statements are presented in Euro, which is ISPRM's functional and presentation currency.

(b) Transactions and balances

In preparing the financial statements of ISPRM, transactions in currencies other than the company's functional currency (foreign currencies) are recognised at the rates of exchange prevailing at the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the rates prevailing at that date. Non-monetary items carried at fair value that are denominated in foreign currencies are retranslated at the rates prevailing at the date when the fair value was determined. Non-monetary items that are measured in terms of historical cost in a foreign currency are not retranslated.

Exchange differences on monetary items are recognised in profit or loss in the period in which they arise.

Foreign exchange gains and losses that relate to borrowings and cash and cash equivalents are presented in profit or loss within "finance costs". All other foreign exchange gains and losses are presented in profit or loss within "other income" or "other expenses".

The International Society Of Physical And Rehabilitation Medicine
Notes to the Financial Statements
For the year ended 31 December 2017

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

2.4 Other receivables

Other receivables are measured at amortised cost using the effective interest method. At the end of each reporting period, the carrying amounts of other receivables are reviewed to determine whether there is any objective evidence that the amounts are not recoverable. If so, an impairment loss is recognised immediately in profit or loss.

2.5 Other payables

Other payables are recognised at their nominal value.

Provisions are measured at the estimated expenditure required to settle the present obligation, based on the most reliable evidence available at the reporting date, including the risks and uncertainties associated with the present obligation.

All provisions are reviewed at each reporting date and adjusted to reflect the current best estimate.

3. REVENUE

An analysis of ISPRM's revenue is as follows:

	2017	2016
	€	€
Membership fees	**97,508**	99,511
Donation	**1,661**	-
Developing countries summit	**18,454**	19,000
Bank interest	**4**	13
Exchange gain	**-**	9
	117,627	118,533

4. DEFICIT BEFORE TAX

	2017	2016
	€	€
Deficit before tax is arrived at:		
After charging the following items:		
Administration fee	**70,589**	70,589
Auditor's remuneration	**7,336**	1,008
Exchange loss	**884**	-

5. INCOME TAX EXPENSE

ISPRM is exempted by Cantonal Tax Administration of Republic and Canton of Geneva from the fiscal period 2012 and for a period of ten years, taxes on the profit and capital provided that the funds raised are actually used in accordance with the social purpose, and ISPRM does not preponderantly exercise a commercial activity.

The International Society Of Physical And Rehabilitation Medicine
Notes to the Financial Statements
For the year ended 31 December 2017

6. OTHER RECEIVABLES

	2017 €	2016 €
Fund held by Kenes International Organizers of Congresses S.A.	**71,494**	51,327
Receivable from Paypal	**5,981**	6,642
Other receivable	**2,815**	2,815
	80,290	60,784

7. FUNDS

	International Education and Development Fund €	Retained surplus €	Total €
Balance as at 1 January 2016	124,801	342,194	466,995
Transfer to retained surplus	(34,600)	34,600	-
Deficit for the year	-	(24,837)	(24,837)
Balance as at 1 January 2017	90,201	351,957	442,158
Transfer to retained surplus	(5,767)	5,767	-
Deficit for the year	-	(16,944)	(16,944)
Balance as at 31 December 2017	**84,434**	**340,780**	**425,214**

IED Fund is a special reserve which fund was appropriated from retained surplus in previous years. So, when the Fund is used during the year, the original reserve entry should be reversed with an amount debited to the Fund and the same amount credited to retained surplus. In previous years, the transfer from IED Fund was wrongly recorded as income of ISPRM and it is rectified in the current year.

8. APPROVAL OF THE FINANCIAL STATEMENTS

The financial statements on pages 4 to 9 were approved by the President's Cabinet on

Audit Adjustment for year ended 31 Dec 2017 (audited)

The International Society Of Physical And Rehabilitation Medicine
Audit adjustments
For the year ended 31 December 2017

	DR €	CR €
1. Auditor's remuneration	6,398.46	
Accruals		6,398.46
(To accrue for 2017 audit fee)		
2. Transfer from IED Fund	5,766.72	
Retained surplus		5,766.72
(Being adjustment of IED Fund used during the year wrongly classified as income)		

Agreed and approved by:

Treasurer - For and on behalf of
International Society Of Physical
And Rehabilitation Medicine

TREASURE'S REPORT

11th ISPRM World Congress Report and Income Statement for period 30 April 17 to 4 May 2017 (audited)

11TH INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE WORLD CONGRESS

REPORT AND INCOME STATEMENT

FOR THE PERIOD FROM 30 APRIL 2017 TO 4 MAY 2017

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(EXPRESSED IN UNITED STATES DOLLARS)

INDEPENDENT AUDITOR'S REPORT

TO THE PRESIDENT'S CABINET OF INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE
(Incorporated in Switzerland as association)

Report on the Audit of Income Statement

Disclaimer of Opinion

We have audited the income statement of 11th International Society Of Physical And Rehabilitation Medicine ('ISPRM') World Congress (the 'Congress') set out on pages 4 to 9, which comprises the income statement for the period from 30 April 2017 to 4 May 2017, and notes to the income statement, including a summary of significant accounting policies.

We do not express an opinion on the income statement of the Congress. Because of the significance of the matters described in the Basis of Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an opinion on this income statement. In all other respects, the income statement of the Congress is prepared, in accordance with the International Financial Reporting Standards for Small and Medium-sized Entities (IFRS for SMEs) issued by the International Accounting Standards Board (IASB).

Basis for Disclaimer of Opinion

1. Kenes International Organisers of Congresses SA (Kenes) has not maintained proper books of account and sufficient documentation upon which we could rely for the purposes of our audit. Kenes is not able to provide bank ledger and other ledgers for balance sheet items, journals, bank statements and a trial balance for our examination. It seems that Kenes did not post double accounting entries when it recorded the income and expenses of the Congress. There were no other satisfactory audit procedures that we could adopt to obtain sufficient evidence to verify the completeness and accuracy of the accounting records. We were unable to obtain all the information and explanations we considered necessary for our audit.

2. We were unable to obtain sufficient evidence or adopt other satisfactory audit procedures to ascertain the completeness of the income, $1,144,132, stated in the income statement. The amount of bank deposits shown by bank Booking Entries (not bank statements) exported from Direct Net is only $1,038,099 and there is an unexplained difference of $106,033. As well, it is noted that not all income stated in the income statement was deposited in the two separate, dedicated bank accounts established specifically in relation to the 11th ISPRM World Congress in accordance with Clause 2.5.2 of the Agreement signed between ISPRM and Kenes. There were no other satisfactory audit procedures that we could adopt to obtain sufficient evidence to verify the correctness and completeness of the income of $1,144,132.

   As a result, we are unable to determine whether any adjustment might have been found necessary in respect of the income and the elements making up the income statement.

INDEPENDENT AUDITOR'S REPORT

TO THE PRESIDENT'S CABINET OF INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE
(Incorporated in Switzerland as association)

Responsibilities of Kenes International Organisers of Congresses SA and the President's Cabinet for the income statement

Kenes is responsible for ensuring that the preparation of the income statement in accordance with the IFRS for SMEs issued by the IASB, and for such internal control as Kenes determines is necessary to enable the preparation of income statement that are free from material misstatement, whether due to fraud or error.

The President's Cabinet is responsible for overseeing ISPRM's financial reporting process.

Auditor's responsibilities for the audit of the income statement

Our responsibility is to express an opinion on this income statement based on our audit and to report our opinion solely to you, as a body, and for no other purpose. We do not assume responsibility towards or accept liability to any other person for the contents of this report. Our objectives are to obtain reasonable assurance about whether the income statement as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISA will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this income statement.

As part of an audit in accordance with International Standards on Auditing, we exercise professional judgement and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the income statement, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by Kenes.

INDEPENDENT AUDITOR'S REPORT

TO THE PRESIDENT'S CABINET OF INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE
(Incorporated in Switzerland as association)

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Harry T.W. Lee & Co.
Certified Public Accountants

Room 1002 Eastern Commercial Centre
397 Hennessy Road
Hong Kong

TREASURE'S REPORT

11th International Society Of Physical And Rehabilitation Medicine World Congress
Income Statement
For the period from 30 April 2017 to 4 May 2017

	$
Income	
Registration fee	
Full participant members	366,850
Low and low middle income countries	14,350
Trainee	72,975
Allied health care professional	44,120
Local SAMFYR members	96,480
Groups	18,500
Locals (no SAMFYR)	20,300
Others	4,080
	637,655
Sponsorship and exhibitions	
Sponsorship	174,750
Exhibition	289,095
	463,845
Annual dinner ticket	
Annual dinner tickets for congress delegates	11,520
Annual tickets for non congress delegates	720
	12,240
Grant	
Kenes grant - hotel accommodation for travel grant award	15,242
Teaching course fee	
Workshops	15,000
Meet the expert	150
	15,150
	1,144,132
Less:	
Operating expenses	
Audio visual	
Audio visual - standards package	113,941
Other operation	9,781
	123,722
Construction	
Building of registration area and desks	6,057
Temporary construction	3,805
Furniture rental	632
	10,494

11th International Society Of Physical And Rehabilitation Medicine World Congress
Income Statement
For the period from 30 April 2017 to 4 May 2017

	$
Decoration	
Signs, country flags - graphic and printing, hanging service	6,980
Flowers	676
Carpets	73
	7,729
Posters	25,654
Exhibition	
Exhibition - coordination and construction	48,960
Faculty cost	
Flight tickets (President Cabinet and Plenary speakers)	27,427
Hotel accommodation	37,184
	64,611
Food and beverage	
Welcome reception	52,564
Annual dinner	58,026
Coffee break	55,660
Catering for board meeting and small meetings	3,615
Catering staff	3,920
Opening ceremony and WR - entertainment	3,436
Others	1,525
	178,746
Giveaways	
Congress bags	4,800
IT and communication	
Internet in the Exhibition area and information kiosks	4,538
Walkie Talkie devices	1,000
COVR Maintenance costs	2,072
IT Infrastructure - IT tech onsite	2,177
	9,787
Onsite technology	
CME credits	7,644
Other technical arrangements	
Freight	2,991

11th International Society Of Physical And Rehabilitation Medicine World Congress
Income Statement
For the period from 30 April 2017 to 4 May 2017

	$
Miscellaneous	
Liability insurance	14,072
Tips to hotel, congress centre staff, social events	209
Bank and credit card charges	19,951
VAT handling	1,055
Site visit and committee meetings	29,843
Local agent support and handling fee	5,800
Simultaneous translation equipment	3,121
Interpreters	2,694
Petty cash and unforeseen	2,697
Photographer	1,400
Office supplies for the congress	319
Visa handling	692
	81,853
Promotion	
Promotion in related congresses	7,307
Congress website	7,590
Search engine marketing SEO	4,025
Mailshots and newsletters - advanced webmail package	17,700
Calendar submission	978
Congress concept and design	1,760
Social media (LinkedIn)	7,450
Strategy and planning	6,900
DTP designs	1,600
Google PPC	5,340
Facebook PPC	575
Retargeting campaign	2,300
Internet campaigns - regional online portals	1,500
WOM campaign and special WOM	1,150
Animoto	346
Cross societies and event promotion	1,150
Other promotional activities	118
	67,789
Secretariat	
Kenes secretariat	30,000
Local secretariat expenses	7,664
	37,664

TREASURE'S REPORT

11th International Society Of Physical And Rehabilitation Medicine World Congress
Income Statement
For the period from 30 April 2017 to 4 May 2017

	Notes	$
Printing		
Graphics and design		7,233
Program books		6,500
Administrative printings		709
Names badges		3,518
Lanyards		3,250
		21,210
Society cost		
Society booth		1,956
Awards		15,242
		17,198
Staff		
Kenes staff - travelling		40,242
Local Manpower - Hostess		9,449
Technicians		11,015
		60,706
Venue		
Rental of halls		289,157
Venue mandatory services		30,371
		319,528
Workshop		2,329
Total operating expenses		1,093,415
Net profit		50,717
Less: Profit shared by Kenes (40%)	3	(20,287)
ISPRM (60%)		30,430
Less: Profit shared by SAMFYR plus disbursements	4	(31,478)
		(1,048)

Walter FRONTERA
President

Sam WU
Treasurer

11th International Society Of Physical And Rehabilitation Medicine World Congress
Notes to the Income Statement
For the period from 30 April 2017 to 4 May 2017

1. GENERAL INFORMATION

According to its Status and Policies and Procedures, the International Society of Physical and Rehabilitation Medicine (ISPRM) holds an annual scientific congress. The Congress is a professional meeting specialized in the science and medicine of physical and rehabilitation medicine. By offering professional lectures, discussions, workshops and exhibitions, the Congress is a platform to share experiences and new developments in the field. The 11th World Congress was held at Hilton Buenos Aires, Buenos Aires, Argentina for the period from 30 April 2017 to 4 May 2017.

Kenes International Organisers of Congresses SA (Kenes) is nominated by ISPRM to manage all organisational, administrative, tourist and financial matters of the Congress.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

2.1 Basis of preparation

The income statement has been prepared in accordance with the International Financial Reporting for Small and Medium-sized Entities (IFRS for SMEs) issued by the International Accounting Standards Board.

The income statement complies with IFRS for SMEs and has been prepared under the accrual basis of accounting except for the Congress income, which is collected on a cash basis.

The measurement base adopted is on the historical cost convention.

The following are the specific accounting policies that are necessary for a proper understanding of the income statement.

2.2 Revenue recognition

Revenue is measured at the fair value of the consideration received.

Revenue is recognised in profit or loss provided it is probable that the economic benefits will flow to the Congress and the revenue and costs, if applicable, can be measured reliably, as follows:

Registration fee, sponsorship and other income are recognised as revenue when payments are received.

2.3 Foreign currency translation

(a) Functional and presentation currency

Items included in the income statement of the Congress is measured using the currency of the primary economic environment in which the Congress operates (the functional currency). This income statement is presented in United States Dollars, which is the Congress's functional and presentation currency.

11th International Society Of Physical And Rehabilitation Medicine World Congress
Notes to the Income Statement
For the period from 30 April 2017 to 4 May 2017

3. PROFIT SHARED BY KENES

The net profit of the World Congress was shared between ISPRM and Kenes in the proportion of 60% and 40%.

4. PROFIT SHARED BY SAMFYR

The 60% net profit of the World Congress was shared between ISPRM and Sociedad Argentina de Medicina Fisica y Rehabilitacion (SAMFYR) in the proportion of 80% and 20% but SAMFYR was guaranteed a minimum of $30,000 plus disbursements.

5. APPROVAL OF THE INCOME STATEMENT

The income statement on pages 4 to 9 were approved by the President's Cabinet on

Statutes Committee - *John Melvin*



Committee purpose and main goals

The Statutes Committee prepares motions for the updating of the ISPRM Statutes and Policies and Procedures. It also monitors that the ISPRM Committees operate in accordance with the approved Statutes and Policies and Procedures.

Mission

The mission of the Statutes Committee is to assist the ISPRM in achieving its mission through maintaining up to date enabling governance documents.

2018-2019 achievements

The Statutes Committee in collaboration with the Central Office and the President's Cabinet prepared motions for the revision of the Statutes and Policies and Procedures at the Paris meeting of the Assembly of Delegates. The Assembly of Delegates passed these motions. Most were revisions to reflect current operating practices. The most significant initiative was the proposal to establish Special Interest Groups and Councils.

The Committee met at the Paris Congress and discussed its plans to develop proposed revisions for the Assembly of Delegates to consider at the 2018 Kobe Congress. During the Congress it submitted to the President's Cabinet language to revise the Policies and Procedures governing the International Education and Development Fund.

The Committee through its Chair provided input to the officers of the ISPRM regarding the operational interpretations of the Statutes and Policies and Procedures.

Future plans

The Committee submitted to the Assembly of Delegates (AOD) proposed revisions to the Policies and Procedures for consideration at the Kobe Congress. These revisions include: (1) authorizing the President's Cabinet instead of the Executive Committee to approve committee members, (2) limiting members of the AOD to only one vote even if members represent more than one category of AOD membership and (3) clarifying AOD representation when there is more than one National Society from a country.

The Committee will propose at the Assembly of Individual Members (AIM) revised language to the Policies and Procedures that provides for the Chair of AIM to be an ex-officio member of the Executive Committee.

The Committee will meet at the Kobe Congress to review whether there are revisions that need to be prepared for consideration by the Assembly of Delegates at the 2020 Congress.

The Committee members and its Chair will remain available to the ISPRM leadership to provide advice regarding the Statutes and Policies and Procedures.

Education Committee – *Rochelle Dy*



Committee purpose and main goals

The Education Committee aims to assist in enhancing the promotion of Physical and Rehabilitation Medicine (PRM) education and training globally.

Goals:

1. Develop an educational strategic plan that supports the needs of ISPRM members and provide input in the organization of ISPRM congresses.
2. Endorsement of educational activities that promote the dissemination of PRM knowledge and skills.
3. Continued development of a minimum core curriculum and competency in PRM training.
4. Development and collection of enduring educational materials as a benefit to ISPRM members

2018 activities

1. From July 2018 - present, the committee has received seven (7) applications for endorsement (level 1). All of which were approved except for one (1) that has conditional approval. All applications are now submitted electronically through the ISPRM website which are reviewed and voted upon by the committee members. A recommendation is submitted to the President's Cabinet for final decision and the official correspondence to be released by the central office.
   The post-event feedback reporting that is required to be submitted to the educ. committee is now also done electronically and is set-up through the website http://www.isprm.org/isprm-endorsed-events-monitoring-report/. Gathering of this data will help in the monitoring of educational activities endorsed by ISPRM and provides feedback regarding the value of this endeavor that may help guide the committee regarding next steps with regards to training and education.

2. The PRM core curriculum and competency document will soon be posted on the website for members to be able to download, also with the goal of having the ability to solicit feedback on its applicability and utility.

3. Enduring materials: Several case-based video lecture topics on geriatric and pediatric rehabilitation that have been created by invited experts in the field are now available to be viewed by ISPRM members http://www.isprm.org/learn/educational-videos/. A number of plenary session lectures during the ISPRM 2017 Congress in Buenos Aires are also available as a members-only benefit http://www.isprm.org/learn/isprm-congress/.
   The committee is continuing to explore options and strategies on delivering relevant educational materials and making it accessible to members.

4. International certification and level 2 endorsement: The committee has reviewed a proposal on "Train the Trainers" certification program submitted from China. Further program details were requested and feedback/recommendation was provided to the applicant. Next review is pending receipt of updated documents.
   Certifications are of two subtypes: certification of attendance and certification of competence.
   The development of the formal structure and operational guidelines, including the partnership with PAPMIL for this activity are still underway. The USPRM task force led by Levent Ozcakar and Henry Lew aims to launch the first workshop for the certificate of competence on MSK Ultrasound at the ISPRM 2019 Annual congress.

5. As part of the WHO Rehabilitation 2030 Call for action, members of the education committee (Rochelle Dy and Maria Gabriella Ceravolo) were invited as ISPRM representatives to participate in a working group to develop the Rehabilitation Competency Framework. The group has had periodic on-line meetings since January 2019 and will have a face-to-face workshop during the Rehabilitation 2030 Second Global Meeting in Geneva, Switzerland in July 2019.

Future plans

1. Strengthen further collaborative efforts with other ISPRM committees such as WHO, CRDR especially in the realm education and training endeavors
2. Explore ISPRM's role in establishing and developing "Centers of excellence" for PRM training.

Publications and Communications Committee –

André Thevenon



Committee purpose and main goals

The committee purpose is to coordinate the activities of ISPRM related to scientific publishing and information dissemination. For this 4 subcommittees work in synergy: the website subcommittee, the News and Views subcommittee, the journal subcommittee and the social network subcommittee (created in 2017).

2018 activities

2018 was a year of composition renewal. The members of the committee have been contacted in order to know their availability to serve in the same position during 2018-19, and a call for new members was sent. Most members of the former committee asked to stay and a few new candidates emerged, mainly in the Journal subcommittee.

The change of ISPRM secretary did not hamper for the proper functioning of our committee, and especially the News and views and the website subcommittee. On the contrary, the new team very quickly became familiar with our communication tools and is very reactive and efficient.

Walter Frontera is our President cabinet liaison.

News and Views subcommittee *(by André Thevenon (Chair). Members: Di Cui New chair in June 2019, Andrew Haig, Mansoor Rayegani).*

The News and views is now sent on a monthly basis. This was achieved thanks to the great involvement of Di Cui, who will become the chair of the News and views subcommittee during the meeting in Kobe.

The action plan of the new chair:

Primary: Using N&V as a tool to encourage member participation, to discover latent needs among the members (such as education needs), a platform to share opinions and updates from member associations and individuals.

Secondary 1: Improve reader metrics to make N&V more attractive (and efficient) to advertisers.

Secondary 2: Better synchronization with social medial and website.

Social media subcommittee *by Francesca Gimigliano (Chair). Member: Mark Young.*

Facebook: 8,777 likes & 8,846 follows.

Twitter: 1,964 followers, 984 tweets.

Instagram: 271 followers; 13 posts.

The goal is to fill it with pictures from the upcoming ISPRM World Congress (#ISPRM2019).

Journal subcommittee (by *Franco Franchignoni (Chair). Members: Sheng Bi, Kristian Borg, Catarina Aguiar Branco Joaquim Chaler, Gerard Francisco, Nitin Jain, Deog Youg Kim, Jolanta Kujawa, Shi-Uk Lee, Jianan Li, Leonard Li, Stefano Negrini, Levent Ozcakar, Dominic Perennou, Marcelo Riberto.)*

In 2018 we have sent the respective Editors-in-Chief (EiC) our questionnaire related to re-application for publishing their journal in association with/ endorsed by ISPRM.

The completed questionnaires and the related comments made by the members of our Journal subcommittee have been sent to the President W. Frontera and President's Cabinet (PC), who took the following decisions:

a. JOURNALS published in association with ISPRM:

1. The European Journal of Physical and Rehabilitation Medicine – EiC Stefano Negrini
2. The Annals of Physical and Rehabilitation Medicine – EiC Dominic Perennou

3. Annals of Rehabilitation Medicine (Korea) – EiC Shi-Uk Lee

b. JOURNALS endorsed by ISPRM

1. Acta Fisiatrica (Brazil) – EiC Marcelo Riberto
2. The Chinese Journal of Rehabilitation Medicine – EiC Jianan Li
3. The Portuguese Journal of Physical and Rehabilitation Medicine – EiC Catarina A. Branco
4. Rehab in review – EiC David Thomas Burke.

Moreover, in these last months we have discussed with: i) the Editor in Chief of the "The Journal of the International Society of Physical and Rehabilitation Medicine" (JISPRM) about the feasibility of preparing (by the subcommittee's members) short papers concerning bibliometrics of PRM journals, to submit for publication to JISPRM; ii) the Editors of the Spanish PM&R journal "Rehabilitación (Madr)" (recently Indexed by PubMed) about the possible candidacy of that journal to be endorsed by ISPRM; iii) Stefano Negrini who is going to propose a new taskforce inside ISPRM named "Raising rehabilitation awareness in medical journals" in order to find ways of possible collaboration with our Subcommittee.

Finally, in 2019 our Subcommittee is planning to check and discuss the actual fulfillment of the requirements in our questionnaires by each journal in the above list of journals published in association with/endorsed by ISPRM, in order to support their activity of continuous quality improvement and collaboration with ISPRM.

Website subcommittee (*by David Burke (chair). Member: Mauro Zampolini)*
The information on the website is updated in an ongoing process.

Clinical Sciences and Research Committee (CSRC) – *Marco Franceschini*



Committee purpose and main goals

The Committee purpose is to promote multicentre international research, to improve the quality of research in Physical and Rehabilitation Medicine (PRM), enhance our understanding of disability issues, and inform disability policy.

Overview

The last annual meeting of the Clinical Sciences and Research Committee (CSRC) Committee has been held during the ISPRM congress in Paris, July 8-12, 2018 and it was attended by the following colleagues:

Franceschini Marco, Gimigliano Francesca, Giustini Alessandro, Giattini Alberto, Zampolini Mauro, Negrini Stefano, Basaglia Nino (Represented by Straudi Sofia), Capodaglio Paolo, Stam Henk, Özçakar Levent, Antoniadou Eleftheria, Imamura Marta, Guermazi Mohamad, Guzman Juan Manuel, Mouwang Zhou, Giraldo Mario (Colombia, as Observer).

Other invited colleagues, not present at the Committee meeting for justified reasons:

Gulseren Akiuz, Nasim Chowdhury, Iolascon Giovanni, Seong Woong Kang, Bong Ok Kim, Olivier Remy-Neris, Christoph Schmitz, Yang Teng, Aydan Oral, Chang-il Park, Yusef Sarhan, Yun-Hee Kim, Toshiyuki Fujiwara.



The Clinical Sciences & Research Committee members at the meeting during ISPRM 2018 in Paris.

Among the meeting's activities, the limited scientific-based evidence studies in the rehabilitation field was discussed. Therefore, participants decided to elaborate a model of some recommendations or systematic reviews, also using as support the RCTs and Observational Studies, if available. Before the end of the meeting, the final decision was to cooperate exclusively on the development of the recommendations.

During 2018 the Committee unfortunately had the deep loss of its admirably active member, Alberto Giattini, who left us suddenly at the beginning of December. He was one of the promoters of the recommendations development of the CS & R Committee and should have presented his personal and appreciable contribution to the Kobe Congress in the session proposed by the Committee. For several years, Alberto had always actively participated in the Committee activities. We will miss him both for his constant constructive initiatives, and for his enthusiastic approach and his warm friendship.

The committee's activities in 2018-2019

Following the Paris Congress - 2018, the Committee Chairmen contacted the members by email, to invite them to contribute to the ISPRM Congress – Kobe, 2019 in a session on recommendations in the rehabilitation field.

Several colleagues have shown the willingness to participate in this kind of scientific collaboration.

List of colleagues who proposed to prepare abstract and a presentation regarding the Recommendations:

1. Existing guidelines on Cancer Rehabilitation: the PRM perspective (Nasim Chowdhury (New York - US)
2. Existing guidelines on the use of Electroneuromyography (ENMG): the PRM perspective (Gulseren Akiuz - Marmara - Turkey)
3. WHO Guidelines on Rehabilitation in Health Systems (LinamaraBattistella/Marta Imamura- S. Paolo - Brazil)
4. Existing guidelines on Osteoporosis: the PRM perspective (Iolascon Giovanni - Naples - Italy)
5. Existing guidelines on Dysphagia in adults: the PRM perspective (Giattini Alberto – Ancona– Italy)
6. Existing guidelines on Obesity and Related Diseases: the PRM perspective (Capodaglio Paolo – Milan– Italy)
7. Existing guidelines on Multiple Sclerosis: the PRM perspective (Mauro Zampolini - Foligno - Italy)

Marco Franceschini would be the session Chairmen.

In agreement with these colleagues, it was decided to organize during Kobe congress the constitution of international groups, working in the preparation of guidelines on behalf of ISPRM based on the congress session. In this perspective we have decided to follow the Grading of Recommendations Assessment Development and Evaluation (GRADE) system for the compilation of the recommendations. Agenda of the meeting during the 2019 Congress:

- Reporting the Paris Report meeting 2018
- The final organization of the session of the Committee in Kobe with the follow program:
    - Existing guidelines on Cancer Rehabilitation: the PRM perspective (Nasim Chowdhury (New York - US)
    - Existing guidelines on the use of Electroneuromyography (ENMG): the PRM perspective (Gulseren Akiuz - Marmara - Turkey)
    - WHO Guidelines on Rehabilitation in Health Systems (LinamaraBattistella/Marta Imamura- S.Paolo - Brazil)
    - Existing guidelines on Osteoporosis: the PRM perspective (Iolascon Giovanni - Naples - Italy)
    - Existing guidelines on Obesity and Related Diseases: the PRM perspective (Capodaglio Paolo – Milan– Italy)
    - Existing guidelines on prevention and management of the frailty of the elderly: the PRM perspective (Eleftheria Antoniadou - Patras - Greece)
    - Existing guidelines on Multiple Sclerosis: the PRM perspective (Mauro Zampolini - Foligno - Italy)
- To discuss about the modality of the organization of the establishment of ISPRM guidelines based on the organized session
- Methods to be used to involve as many Colleagues as possible from different Countries in the World to participate in the compilation of these guidelines
- Any other business

ISPRM-WHO Liaison Committee – *Carlotte Kiekens*



Scope of the Committee

Since 1999 ISPRM has held an official relationship with the WHO as a *non-State actor* and collaborated with the Disability and Rehabilitation (DAR) team. As a Non-Governmental Organization (NGO), ISPRM has to contribute substantially to WHO activities according to agreed and accepted collaboration plans, including the participation of ISPRM in WHO meetings and collaboration in the network of WHO partners.

For the last eight years this committee was led by Christoph Gutenbrunner who, with the support of Boya Nugraha as Secretary, did an excellent job. Since last summer, the committee changed its structure: Carlotte Kiekens became Chair, Vanessa Seijas became Secretary and former president Christoph Gutenbrunner is now Committee advisor.

The new collaboration plan (2018-2020) between WHO and ISPRM was approved by the WHO Executive Board at its 142th session in February 2019. This will contribute to the implementation of Sustainable Development Goals (SDG), especially the SDG 3 (Health) with a focus on persons with disabilities, and persons who have short- or long-term disabling health conditions and it will concentrate on the implementation and dissemination of WHO tools that contribute to the integration of rehabilitation in universal health coverage and to achieving the goals of "Rehabilitation 2030: A call for action", the WHO Global Disability Action Plan 2014-2021 and the World Health Assembly (WHA) resolution on improving access to assistive technology.

The current committee organigram has two main pillars.

The first one aims **to Strengthen rehabilitation and the specialty of PRM across the world**, and more in particular in low and middle income countries. Upon request from the WHO, this group will provide support in implementing and in disseminating the WHO Support Package for Rehabilitation. Moreover it will support WHO in the development of a package of rehabilitation interventions for health conditions. There are two working groups. Wouter De Groote chairs one on "Capacity building" and Luz Helena Lugo Agudelo leads the group working on "Rehabilitation in primary care".

The **"Capacity building" working group** (chair: *Wouter De Groote*) will contribute to the implementation of the WHO Rehabilitation Support Package, now called "Rehabilitation in Health Systems – A Guide for Action". The goal is strengthening rehabilitation in low and middle income countries, mainly looking at the WHO building blocks 'governance and leadership' and 'human resources'. This working group is active in the professional development of the rehabilitation workforce (mainly PRM) and the training of medical doctors in physical and rehabilitation medicine. Besides implementing measures, this working group also deals with conceptual models.

The **Rehabilitation in primary care working group** (chair: *Luz Helena Lugo-Agudelo***)** goal is to support the improvement of health rehabilitation services delivery within Primary Health Care (PHC), considering that, according to the WHO, Universal Health Coverage (UHC) requires providing health promotion, prevention, treatment, rehabilitation and palliative care. Strengthening of Health systems and more specifically strengthening of PHC, are the key strategies for achieving UHC. According to the Declaration of Astana in October 2018, strengthening PHC "is the most inclusive, effective and efficient approach to enhance people's physical and mental health, as well as social well-being, and the cornerstone of a sustainable health system for UHC and health-related Sustainable Development Goals".

The second pillar aims to **Standardize rehabilitation reporting**. This goal will be achieved by means of three projects:

1. Promoting ***ICF implementation*** in rehabilitation clinics including the development of ICF clinical tools and preparation for international data collection trials (Chair: *Masahiko Mukaino*). Present activities include to develop a strategy to integrate national projects with ICF implementation in clinics, to have opportunities to provide information on the use of ICF in clinics, and to guide the discussion towards international data collection. Furthermore, the ICF Implementation Subcommittee is now preparing for international data collection. The idea is to set a date to gather ICF data in the international context, a concrete strategy for which is being discussed by the Subcommittee.
2. ***Learning Health System for Spinal Cord Injury*** (LHS-SCI) – a joint effort of ISCoS and ISPRM to implement the recommendations of the International Perspectives on Spinal Cord Injury (IPSCI). An International Spinal Cord Injury (InSCI) Community Survey will provide the epidemiological basis for the LHS-SCI. Further steps in this joint endeavor include stakeholder dialogs and policy briefs. (Chairs: *Christoph Gutenbrunner and James Middleton*; coordinator: *Christine Thyrian).*
3. ***Development of an International Classification of Service Organization in Rehabilitation*** (ICSO-R) (Chair: *Christoph Gutenbrunner*). The organizational structure of rehabilitation services is important for health services planning as well as for benchmarking and quality management. There was no systematic approach providing a methodology to systematically describe and classify rehabilitation services. Based on a conceptual description of health-related rehabilitation services (*Meyer at al. 2014*), the working group developed a proposal for dimensions of a Classification of Service Organization in Rehabilitation (*Gutenbrunner et al. 2015*). After some preliminary testing a (*Kiekens et al. 2017; Roe et al. 2017*) a second version was proposed by the working group and discussed with an international panel of experts. This second version has been presented at International, European and Asia-Oceania Congresses and will be published soon.

Participation in WHO meetings

In 2018 the ISPRM-WHO-Liaison Committee participated in two regional WHO meetings.

First, **"The 68th session of the WHO Regional Committee for Europe"** was held in Rome in September 2018. Boya Nugraha and Carlotte Kiekens participated on behalf of ISPRM.

ISPRM prepared a statement with regard to Agenda item 5b: "Implementation of the roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy framework for health and well-being, and review of the joint monitoring framework." The links to the statements, reports and videos are available on the association's website. The statement was read by Boya Nugraha.

<u>We summarize some of the highlights of this meeting:</u>

- The European health report 2018 was presented by Dr. Stein
- Roadmap to 2030 agenda for Sustainable Development, building on Health 2020
- The Report: "Health systems respond to NCDs". This report focuses mainly on prevention (tobacco, alcohol, diet and physical activity) as well as on integration in primary care & community services.
- Use of evidence in Health systems: there was an emphasis on the use of evidence and a shift from pure quantitative data (mortality & morbidity) towards qualitative data and mixed methods.

We noticed that, in contrast with other parts of the world, in Europe little to no attention is given to rehabilitation, even though there was the Rehabilitation 2030: A call for action. However we were able to make some contacts within WHO as well as with other non-State actors and hope to collaborate to increase the importance of Rehabilitation, also in Europe.

Secondly, in October our committee participated in the **"The 69th session of the WHO Regional Committee for the Western Pacific"** in Manila. There, ISPRM was represented by our colleague from The Philippines Reynaldo Rei-Matias. Rehabilitation was an explicit agenda point and ISPRM was the only NGO given the opportunity to give an oral statement the link is also available on the association's website:

The main points of discussion were:

- Removing barriers and improving access to health services and programs
- Strengthening and extending rehabilitation, assistive technology, and community-based rehabilitation
- Existing funding not adequate to meet the large unmet rehabilitation needs including assistive technology
- Strengthening collection of relevant and internationally comparable data on disability and support research on disability and related services



At the 69th session of the WHO Regional Committee for the Western Pacific in October 2018, in Manila

LEFT : Reynaldo Rey Matias, ISPRM regional representative
RIGHT : Darryl Barett, Coordinator for Rehabilitation

Key conclusions and priority areas for action were the following:

1. Ministries of health are on the way to fully identifying and addressing barriers experienced by persons with disabilities when accessing general health services; a more systematic and strategic approach is encouraged.
2. There is very limited rehabilitation available in most lower and upper middle-income countries even though it is an essential health strategy; it is suggested that rehabilitation requires more significant planning and investment by ministries of health.
3. Provision of assistive technology is inadequate; stronger leadership, financing and development of comprehensive programs that include a wide range of technology are encouraged.
4. Community-based rehabilitation remains an important strategy for increasing access to services in lower and upper middle-income countries, yet programmed management and evaluation requires development; governments are encouraged to increasingly fund and support programs with a strong community focus.
5. The Pacific island countries experience particularly large deficits in rehabilitation services and many governments are experiencing ongoing challenges to respond; political prioritization and collective action at national and Regional levels are suggested to strengthen both central and community-based services.
6. The rehabilitation workforce is limited and can be weak, contributing to the slow development of rehabilitation services; greater knowledge, attention and action to address the specific challenges of the rehabilitation workforce are suggested.
7. Good-quality, comparable disability data are limited and often under-utilized; knowledge, planning and better utilization of disability data are suggested.
8. People with disability play an important role in change; increased engagement of people with disability and their representative organizations in health planning and delivery is required.



At the Global Conference on Primary Health Care in October 2018

FROM RIGHT TO LEFT:

1. *Walter Frontera, President of ISPRM*
2. *Marilyn Pattison, President of the World Federation of Occupational Therapy*
3. *Jonathon Kruger, CEO of World Confederation of Physical Therapy.*

Further to the regional meetings, on 25-26 October 2018, a **Global Conference on Primary Health Care** took place in Astana, Kazakhstan, to renew the Alma-Ata Declaration of 1978, a commitment to primary health care to achieve universal health coverage and the Sustainable Development Goals. The Global Conference endorsed a new declaration which emphasizes the critical role of primary health care around the world, refocusing efforts to ensure that everyone everywhere is able to enjoy the highest attainable standard of health: The Declaration of Astana. It is stated that promotive, preventive, curative, rehabilitative services and palliative care must be accessible to all, through the life course. Our President, Walter Frontera represented ISPRM and participated in three events dedicated to the development and implementation of rehabilitation services at the PHC, rehabilitation for older persons, and the development of multidisciplinary rehabilitation teams.

Steering Group of the WHO Rehabilitation Competency Framework

Two ISPRM representatives have been selected to be part of the Steering Group of the WHO Rehabilitation Competency Framework. This Framework has been set up within the vision of the WHO Workforce 2030 Strategy and Rehabilitation 2030 with the aim to develop a strong multidisciplinary rehabilitation workforce that is suitable for country context, and promote rehabilitation concepts across all health workforce education. Both *Rochelle Dy*, Chair of the ISPRM Education Committee, and *Maria-Gabriella Ceravolo*, President of the European Board of PRM, will be members of the steering group on behalf of ISPRM.

Support in implementing and in disseminating the WHO Rehabilitation in Health Systems- a Guide for action (previously called Support Package for Rehabilitation)

Upon request from WHO Nitin Jain, Abena Tannor, Nazirah Hasnan and Wouter De Groote represented ISPRM in the WHO Technical Working Group, Package of Priority Rehabilitation Interventions in Bangalore, India.

Also Dr. Wouter De Groote and Dr. Christoph Gutenbrunner were trained as consultants for the implementation of the Rehabilitation in Health Systems- a Guide for action in Geneva in June 2018.

Scientific papers produced by committee members:

- Khan F1, Amatya B, de Groote W, Owolabi M, Syed IM, Hajjoui A, Babur MN, Sayed TM, Frizzell Y, Naicker AS, Fourtassi M, Elmalik A, Galea MP. Capacity building in clinical skills of rehabilitation workforce in low and middle income countries. J Rehabil Med. 2018;(5):472-479. doi: 10.2340/16501977-2313.

- Cano BC, Escobar LM, Lugo-Agudelo LH, Quintero CA, Seijas V. La rehabilitación: proceso fundamental para el desarrollo inclusivo de las personas con discapacidad. En: García-Ruíz S, Vasquez A, Guajardo A. Rehabilitación Basada en Comunidad: una estrategia local para el acceso a derechos y el ejercicio de la ciudadanía. Lecturas latinoamericanas". Primera edición. Chile. Editorial Universidad Santiago de Chile. 2019.373-429. ISBN 978-956-303-392-2

Participation at the 12th International Society of Physical and Rehabilitation Medicine (ISPRM) World Congress, Paris, France | July 8-12, 2018

During ISPRM2018, a general scientific session of the committee was held, presenting the work of the different subcommittees and working groups. A general meeting of the entire committee and individual meetings of the working groups were also held, as well as several workshops, sessions and presentations by the members of the committee members.

International Exchange Committee (IEC) – *Moon Suk Bang*



Committee purpose

To serve as a central clearing house for international learning opportunities in Physical and Rehabilitation Medicine.

Goals

a. To facilitate placement of medical students, residents, faculty physicians, and allied rehabilitation professionals in global observership clinical rotations.
b. To share information about global PRM educational opportunities with the membership of the organization.
c. To interface and network with other rehabilitation educational organizations in pursuit of International Education and Scholarship in the field.

Four new members have joined the ISPRM International Exchange Committee (IEC): Aurthur Jimenez (USA), Byoung-Mo Oh (Korea), Sheng Bi (China) and Zee-A Han (Korea, WHO). The total number of IEC members is now 16. The list of current members is as follows:

Moon Suk Bang: chair
Giampaolo de Sena: vice chair
Bryan O'Young: past chair, continental director for the Americas
Maria Amparo Martinez Assucena: continental director for Europe, Eastern Mediterranean, and Africa
Dongfeng Huang: continental director for Asia-Oceania
Leonard Li: PC liaison
Mark Young: past chair
Chulhyun Ahn: secretary
Sheng Bi
Calogero Foti
Zee-A Han
Arthur Jimenez
Byoung-Mo Oh
Reynaldo Rey-Matias
Antonio Stecco
Areerat Suputtitada

The year 2018 witnessed a record increase in the number of Rehabilitation Institutions worldwide that participate in the IEC International Visiting Scholars Program (IVSP): from 59 to 80. The IEC will continue to locate strong Rehabilitation programs willing to accommodate visiting scholars for international exchange.

The members of IEC are in the process of publishing a White paper that summarizes the past and present of international exchange in our discipline. The paper will also highlight IEC's role as a central clearinghouse for international exchange and discuss the future of communication and exchange.

The ISPRM intends to establish a Facility Accreditation Program geared towards lowering the barriers for Rehabilitation Institutions to have their programs accredited. This effort by ISPRM stems from the recognition that numerous institutions worldwide face financial barriers to have their Rehabilitation programs accredited or recognized. The ISPRM Facility Accreditation Program is not intended to compete with other accrediting institutions such as CARF. Dr. Dongfeng Huang was nominated as the Facility Accreditation Program director, and Dr. Authur Jimenez who has served in the CARF medical surveyor team for over 30 years joined this endeavor. The IEC is working towards establishing conditions and criteria to be fulfilled by

Rehabilitation programs for being accredited. China is the initial focus of this accreditation process as many Chinese institutions demonstrated interest in being recognized.

The nomination process for 2019 Haim Ring award—individual and institution— has been concluded. Five candidates and two candidate institutions were proposed for the individual and institution categories of the award, respectively. The nominees selected were:

Individual: Dr. Andrew Haig

Institution: Physical and Rehabilitation Medicine Institute of the University of Sao Paulo Medical School General Hospital (Instituto de Medicina Física e Reabilitação do Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo, IMREA-HCFMUSP)

The ISPRM IEC reached a unanimous decision to support the attendance of Dr. Abdoul Aziz Alfari from Nigeria at the 13th ISPRM world congress in Kobe, Japan. Then, the International Education and Development Fund (IEDF) decided to positively answer to Dr. Alfari, providing him a grant up to 3000 Euros for participating in the ISPRM 2019 congress, as long as he follows the rules for receiving the grant. As for his request of training in Urodynamics, the IEC recommended him to apply for a grant for travelling fellowship program sponsored by the Japanese Association of Rehabilitation Medicine (JARM).

Disaster Rehabilitation Committee – *Fary Khan*



Introduction & mission

The ISPRM Disaster Rehabilitation Committee (DRC) optimizes the Rehabilitation Medicine perspective in improving function and participation in persons who sustain injury following natural and/or man-made disasters, and those with pre-existing disability. It enacts the ISPRM humanitarian agenda and goals.

The committee aims to:

a. Support the local ISPRM National Society Member response to disasters

b. Provide education and training resources on rehabilitation disaster management

c. Host disaster rehabilitation programming at ISPRM congresses and other professional meetings

d. Provide expert physical and rehabilitation medicine consultation to the WHO and other rehabilitation disaster management stakeholders

e. Partner with the WHO, international rehabilitation professional societies and other organizations to advance global disaster rehabilitation policy and practice

Activities & achievements

The DRC comprises 'Disaster Preparedness, Response & Recovery', 'Education & Training', 'Meetings', 'Research', 'Communications' and 'Finances' Working Groups (WG) led by respective coordinators to implement its Action Plan. The DRC Action Plan includes:

a. Evidence-based Guidelines for traumatic brain injury (TBI) in disaster settings (WG leads: Fary Khan, Bhasker Amatya, Vandana Vasudevan)
b. Systematic review of international TBI guidelines and applicability to disaster settings (WG leads: Fary Khan, Su Yi Lee)
c. Managing TBI complications in disaster settings (WG leads: Bhasker Amatya and Vandana Vasudevan)
d. Set up educational on-line training module for TBI in disaster settings (WG leads: Fary Khan, Mary Galea)
e. Disaster-preparedness Skill Survey for rehabilitation physicians with the Rehabilitation Medicine Society of Australia and New Zealand (RMSANZ) (WG leads: Bhasker Amatya, Su Yi Lee)
f. Establish Rehabilitation Physician Disaster Training and Deployment Registry for Asia-Pacific Region-(complementary process to the WHO) (WG leads: Fary Khan, Bhasker Amatya, Mary Galea)
g. Humanitarian assistance for displaced persons/refugees (WG leads: Fary Khan, Katharina Sunnarhagen, Seema Chopra, Taslim Uddin)
h. Education Guidelines and Training for Rehabilitation in Disasters (WG leads: Jan Reinhardt, Harry Li, Mary Galea)
i. DRC Outreach in Africa (WG lead: Fary Khan, Abdur Razzak Hajjoui, Andy Haig)
j. DRC education platform for multiple trauma, burns, fractures etc. (WG leads: Mary Galea, Reem Al Hanna, Sahibzada Nasir)
k. Conflict zone, humanitarian conflicts report (WG leads: Filipinas Ganchoon, Katharina Sunnerhagen)
l. Development of Acute Trauma Education Module (Chengdu Centre) (WG leads: Jan Reinhardt, Harry Li)
m. Hospital Preparedness Survey for nurses and families (WG leads: Jan Reinhardt, Harry Li
n. Spinal cord injury - International Spinal Cord Society (ISCoS) ICF assessment tool (WG leads: Jan Reinhardt, Harry Li)
o. ISPRM Response Plan in disasters (WG leads: Fary Khan, Su Yi Lee & Bhasker Amatya)
p. MoUs and Collaboration Facilitation (WG Lead: Katharina Sunnerhagen, Harry Li)

q. Communications Working Group- ISPRM news and views quarterly report and website updates (WG leads: Filipinas Ganchoon and Katharina Sunnerhagen)
r. External funding Opportunities for DRC (WG lead: Harry Li)
s. Operational Guidelines Working Group (WG lead: Jan Reinhardt, Coordinator: Andy Haig - Advisory: Peter Lim, John Melvin)
t. Committee history (WG lead: James Gosney).

In late 2018, the DRC Committee was involved in natural disasters affecting Indonesia (liaising with Prof Angela Toular) following the devastating tsunamis in Lombok and elsewhere. The DRC provided a letter of support to the Indonesian Society of Rehabilitation Medicine. The Committee is currently in contact with colleagues to support Cyclone Kenneth in Mozambique and Cyclone Fani hitting the east coast of India and Bangladesh (May 2019). The Committee members also provide support to Rehabilitation professional working with patients following man-made disasters: in Khartoum Sudan (Jan 2019); the Pakistan Prosthetic and Orthotic Centre, Peshawar, Pakistan, which caters to amputee children in Northern Pakistan and Afghanistan with ICRC; the Akbar Kare Centre Peshawar that provides the only known treatment and support to over 2000 children with cerebral palsy and spina bifida; the Pakistan Spinal Services Centre- a charitable organization that provides free spinal care injury care to victims of various disasters through to Central Asia. DRC members are also in contact with colleagues in Nepal to assist with advice and education for the survivors - aftermath of earthquakes, industrial accidents (fires in warehouses) injuring many workers in Bangladesh, south Sudanese refugees in Uganda following injuries and migration, Afghan refugees and the Rohinga refugees and their health crises.

The DRC Committee organized disaster training workshops in November 2019 in Chengdu, China. It also organized DRC scientific sessions for education at the ISPRM 2018 (Paris), including the inaugural Trainee SIG- ISPRM session on disaster management. Sessions were also held at the RMSANZ and the Asia Oceania Congress of NeuroRehabilitation (AOCNR), Auckland, New Zealand (Nov 2018); Mohamadia University Jakarta Rehabilitation Meeting (Feb 2019) and focus on disaster management and education initiatives were presented at the UN Consultative session at Windsor Castle, UK (April 2019). Many Rehabilitation Societies especially within the Asia Pacific Region included disaster management sessions in their annual scientific meetings. Mercy Malaysia will host the International Humanitarian Conference in August 2019. DRC will continue to hold joint Disaster Rehabilitation sessions with ISCos and the WFNR.

The DRC has written to the WHO Disaster Lead Dr Ian Norton (Sept 2018) requesting clarification of the rehabilitation team inclusion as part of the EMT accreditation. Further, DRC has requested a plan to develop partnership/collaboration with the WHO Collaborating Centre for Rehabilitation in Sydney (Prof G Llewyllen) (2018) to work with various ISPRM Committees. The PC/DRC has written to Prof Alarcos Cieza (and colleagues) about ways to promote/assist in measures to strengthen Rehabilitation and capacity (2019).

The DRC provides quarterly update reports to the ISPRM to improve communication. It also submitted a grant to promote development of online educational modules for disaster management.

Publications to date (since 2017):

- Lee SY, Vasudevan V, Amatya B and Khan F. Updates in Management of Adults with Traumatic Brain Injury: A Rehabilitation Perspective. Physical Medicine and Rehabilitation - International 2019; 6(1): 1160.

- Amatya B, Vasudevan V, Zhang N, Chopra S, Astrakhantseva I, Khan F. Emergency Medical Team-Minimum Technical Standards and Recommendation for TBI Specialists Care Team. Journal of International Society Physical and Rehabilitation Medicine 2018:5(5):2018.

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- Khan F, Owolabi MO, Amatya B, Hamzat TK, Ogunniyi A, Oshinowo H, Elmalik A, Galea MP. Challenges and barriers for implementation of the WHO Global Disability Action Plan in Low- and Middle- Income Countries. Journal of Rehabilitation Medicine 2018; 50: 367–376.
- Khan F, Amatya B. Disaster Rehabilitation Committee: role and future agenda. ISPRM Newsletter - News & Views Issue 34, September 2018.
- Khan F, Amatya B, Sayed TM, Butt AW, Jamil K, Iqbal W, Elmalik A, Rathore FA, Abbott G. The World Health Organisation - Disability Action Plan 2014–2021: Challenges and Perspectives for Physical Medicine and Rehabilitation in Pakistan. Journal of Rehabilitation Medicine 2017; 49: 10–21.
- Khan F, Amatya B. Refugee health and rehabilitation: challenges and response. Journal of Rehabilitation Medicine 2017 49: 378–384.
- Amatya B, Galea MP, Li J, Khan F. Medical rehabilitation in disaster relief: towards a new perspective. Journal of Rehabilitation Medicine 2017;:49: 620-628.

UN Liaison Committee – *Bryan O'Young*



Members: Bryan O'Young (Chair), MD; Sam Wu, MD, MA, MPH, MBA (PC Liaison) John Melvin, MD; Joel DeLisa, MD; Linamara Battistella, MD, PhD; Stefano Negrini, MD; Andrew Cole, MD; Dongfeng Huang, MD; Chulhyun Ahn, MD, MS

Mission

To optimize function and health-related quality of life for persons with disabilities (PWD) through collaboration with the UN.

Goals

1. To assist the UN Convention of the Rights of Persons with Disabilities (UNCRPD) in its efforts to support the UN Sustainable Development Goals
   - as a Non-Governmental Organization (NGO) in consultative status with the UNCRPD
   - through participation in UNCRPD meetings by presenting side event conferences addressing relevant rehabilitation topics
   - through assisting the UNCRPD in its initiatives through informing ISPRM members on how they can contribute to those initiatives
2. To emphasize the inclusion of PWD in the initiatives of the United Nations Department of Economic and Social Council (UN ECOSOC)
   - as an NGO in consultative status with the UN ECOSOC
   - through providing consultation to the UN ECOSOC on ways in which UN ECOSOC programs can benefit PWD
3. To coordinate the activities of the UN Liaison Committee and the World Health Organization (WHO) Liaison Committee

2018 Activities and Achievements

ISPRM UN Task Force status was conferred to the UN Liaison Committee.

ISPRM session at the COSP UNCRPD

At the high-level 2018 COSP UNCRPD meeting at UN Headquarters in New York on June 12, 2018, the UN Liaison Committee collaborated with the International Council for Caring Communities (an NGO with special consultative status with UN ECOSOC) on the side event session 'Chronic Pain: Sustainable Solutions'. The session was chaired by Professor Bryan O'Young and moderated by Professor John Melvin and Professor Dianne Davis. Presenters included Associate Professor Christopher Visco (Columbia University College of Physicians and Surgeons and Weill Cornell Medical College), Professor Mathew Bartels (Albert Einstein College of Medicine), Clinical Assistant Professor Naheed Van De Walle, MD (NYU School of Medicine), and Ms. Jacqueline Winstanley (ICCC Global Co-chair on Friends of the Agequake Student Designers, Trustee, Disability Rights, UK), The presenters addressed sustainable solutions to chronic pain. The presentation was very well received by the audience and an enlightened discussion followed the presentation. ISPRM member Dr. James Gosney assisted Professor Bryan O'Young with event organization.

Celebration of the International Day of Persons with Disabilities (December 1, 2018) with the UN

On behalf of ISPRM, Professor Walter Frontera and the UN Liaison Committee submitted a letter to UN Secretary General Mr. António Guterres which offered a symbolic message for ISPRM to join hands with the UN and its partners in celebrating the International Day of Persons with Disabilities and which promoted the UN's event theme of empowering PWDs.

UN ECOSOC acknowledged ISPRM as a contributor to the International Day of Persons with Disabilities 2018 in its website (https://www.un.org/development/desa/disabilities/international-day-of-persons-with-disabilities-3-december/idpd18.html):

"*Contributions - International Society of Physical and Rehabilitation Medicine (ISPRM)*
The ISPRM celebrated the International Day of Persons with Disabilities with the UN on December 3, 2018 under the theme on empowering persons with disabilities and ensuring inclusiveness and equality. ISPRM, with its over 36,000 researchers and professionals from 103 countries and 61 National Rehabilitation Societies, hereby commits itself to promote a disability-inclusive 2030 Development Agenda for Sustainable Development in alignment with the United Nations Convention on the Rights of Persons with Disabilities."

UN Liaison Committee Sessions at the 12th ISPRM World Congress in Paris

ISPRM invited Ms. Akiko Ito, Chief Secretariat of the UNCRPD, for a keynote speech on 'Working Together Toward a New Research Agenda in Disability and Development Toward Inclusive, Accessible, and Sustainable Society and Development'. Her presentation was well received by ISPRM leaders and the audience, setting a positive tone for future collaboration between ISPRM and the UNCRPD.

The UN Liaison Committee sponsored the session 'ISPRM and the UN: Launching into the 21st Century through Sustainable Development Goals for Persons with Disabilities' on July 9, 2018. Chaired by Professor Bryan O'Young and moderated by Professor Sam Wu and Ms. Akiko Ito, Professor Linamara Battistella and Professor Dianne Davis served as speakers. The session supported the UNCRPD by addressing rehabilitation needs of PWD requiring attention to enable full and effective participation in society. Presentations were followed by a lively discussion which contributed toward future steps for collaboration.

Looking Ahead to 2019

- Invite Ms. Akiko Ito, Chief Secretariat of the UNCRPD, to be a keynote speaker at the 13th ISPRM World Congress in Kobe to strengthen collaboration between the UN and ISPRM.
- Plan for a session 'ISPRM and UN: Launching into the 21st Century through Sustainable Development Goals for Persons with Disabilities' at the 13th ISPRM World Congress.
- Plan to support the 2019 COSP UNCRPD meeting held in the second week of June 2019.
- Plan for a session at the International Day of Persons with Disabilities at the UN Headquarters in New York in December of 2019.

ISPRM Women and Health Task Force – *Areerat Suputtitada*



ISPRM organized and supported the ISPRM Women and Health Task Force since 2010. The outcomes achievement are as the followings; (1) The members consist of different nations around the world for contributing in all aspects of the women's health (2) the Yearly Reports in ISPRM Book of Report; (3) Women and Health Symposium has been continuing set up in the ISPRM scientific congress every year for contributing the knowledge and experiences of the committees and experts; (4) Women and Health task force annual meetings continue to take place during ISPRM's pre-congress; (5) The new guidelines of ISPRM Women and Health task force meeting during ISPRM 2018 in Paris are as follow:

PURPOSE:

- To coordinate the activities of ISPRM related to the specific rehabilitation needs of women

GOALS:

- Liaise with and support other ISPRM committees to coordinate activities that help regarding women's health issues
- Encourage, provide, and facilitate high level research, publications, and education related to rehabilitation issues in women
- Advise and partner with the UN Commission on Women's Health
- Support ISPRM National Society educational need regarding women's rehabilitation
- Host international experts in women's rehabilitation issues at ISPRM congresses and other medical meetings

MEMBERSHIP:

- Eligibility: ISPRM members in good standing with interest and/or experience in women's rehabilitation issues
- Joining: Communicate with the chair of the committee for consideration
- Term: Commensurate with ISPRM membership and participation in committee activities
- Members must contribute on an administrative, teaching, or research level

ORGANIZATIONAL STRUCTURE: The following are 3 subcommittees:

1. *Research/Education Committee*

   Pregnancy - eg. stroke, SCI, incontinence, CTS, post-partum pain, exercise
   Pelvic Pain
   Osteoporosis
   Cancer - Breast, ovarian, cervical
   Fibromyalgia
   Sexuality - SCI, MS, CP, TBI
   Athletes - Paralympics, Endocrine issues, Psychological
2. *Program Committee*
3. *UN/WHO Liaison Committee*

- Each subcommittee has its own chair
- Reporting Mechanisms: The Chair reports to the EC and PC of ISPRM
- We also consider professional women problems as work and life balance

Looking Ahead to 2019

1. Publish 2 special articles of Women's health in Official journal of ISPRM
2. Set 2 Women's health Symposiums at ISPRM2020; "Pain in women" and "Common problems in women"
3. Encourage "Women's health Rehabilitation Campaign" in every country by ISPRM and UN/WHO
4. Start researches in interesting problems which still not much evidences as Fibromyalgia, Pregnancy in stroke and SCI

In conclusion, the contribution of the knowledge and experiences by ISPRM Women and Health Task Force will keep going for updating the information on Women 's health, function and disabilities.

ClinFIT Task Force – *Gerold Stucki*



Members: Gerold Stucki, Francesca Gimigliano, Jianan Li, John Melvin

Description:

The ClinFIT Task Force was established in 2018 with the goal to develop a universal ICF –based clinical tool for the documentation of functioning, namely ClinFIT. ClinFIT stands for Clinical Functioning Information Tool.

Currently, four ISPRM members are part of the Task Force: Gerold Stucki, Francesca Gimigliano, Jianan Li and John Melvin. However, the Task Force is expected to expand in the coming years.

The ClinFIT Task Force responsibilities are assigned to five working groups: Chair, Development Project Group, Implementation Project Group, Senior Advisory Group and Methods Group. Each group is responsible for specific tasks.

- The Chair and Co-chair are in charge of the overall management of the Task Force, including organizational and financial aspects, such as ClinFIT copyright and legal issues. They liaise with the Development Project and the Implementation Project groups, coordinate ClinFIT activities during ISPRM's annual congresses as well as manage ClinFIT-related publications in the Journal of the International Society of Physical and rehabilitation Medicine (JISPRM).
- The Development Project Group conceptualizes and conducts developments projects following ClinFIT guidelines.
- The Implementation Project Group develops and conducts implementation projects following ClinFIT guidelines.
- Members of the Senior Advisory Group provides advice and input to the Development and the Implementation Project groups.
- The Methods Group provides the methodological expertise to respond to inquiries, both qualitative and quantitative in nature.

Other ISPRM members may be involved in the elaboration and execution of the ClinFIT work plan and guidelines and in the education and training of clinician scientists for new projects.

The first official meeting of the Task Force will be held on 9th June, 2019, in Kobe in occasion of the 13th ISPRM World Congress.

ClinFIT

a. ClinFIT is a non-proprietary ICF-based clinical functioning information tool. ClinFIT is being developed and managed under the auspices of the International Society of Physical and Rehabilitation Medicine (ISPRM), who also possesses the copyrighted for the label of "ClinFIT" (1, 2).
b. ClinFIT can be tailored to specific settings and purposes by employing the following building blocks: 1) ICF Sets, 2) operationalizations of ICF categories, and 3) reporting and scoring systems.
c. ClinFIT enables the selection of specific ICF generic sets or relevant ICF Core Sets for the assessment of functioning depending on the its application in a specific setting or purpose.

It comprises of the operationalization of the chosen ICF categories, i.e. the descriptions and specifications of how categories are rated. An operationalization could include simple, intuitive descriptions for use by health professionals and questionnaire items for patient self-report of functioning. In ClinFIT the following rating options are possible:

- 0-10 (with 11 response items between two anchors "no problem" and "extreme problem")
- 0-4 (based on the ICF Qualifier scale)
- 0-4 scale (also based on ICF Qualifier scale with some guidance for rating)

A functioning profile can be created using the ratings.

Table 1: ISPRM's ClinFIT Task Force: Organization and Responsibilities

Groups	Lead	Members	Responsibility	Comment
Co-chairs	Gerold Stucki Francesca Gimigliano	Member of the ISPRM President's Cabinet	Organizational aspects - Finances and human resources - Copyright and legal matters - Cooperation agreements with development and implementation project partners - Coordination of ClinFit activities during ISPRM's annual congresses - Coordination of publications with *JISPRM*	Co-chairs are nominated by ISPRM's President and approved by the ISPRM President's Cabinet for a period of 4 years * While cooperating on all matters the co-chairs divide up the primary responsibilities. They jointly provide an annual report to the ISPRM President's Cabinet
		ISPRM member	Scientific aspects - Development and implementation of the ClinFIT work plan - Development of ClinFIT guidelines - Education and training of clinician scientists for new projects	
Development Project Group		Leaders of development projects approved by the co-chairs	Conceptualization and conduct of development projects following ClinFIT guidelines	
Implementation Project Group		Leaders of implementation projects approved by the co-chairs	Conceptualization and conduct of implementation projects following ClinFIT guidelines	
Senior Advisory Group	Jianan Li John Melvin	Former leaders of successful development and implementation projects	Senior advisors can be assigned to new development or implementation projects by the co-chairs in agreement with project leaders	Upon successful completion of a development or implementation project, the co-chairs can nominate project leaders to be appointed as Senior Advisors by the ISPRM President's Cabinet
Methods Group		Methods experts with specific knowledge in relevant qualitative and quantitative methods	Methods experts can be assigned as advisors to new development or implementation projects by the co-chairs in agreement with project leaders	Methods experts are nominated for 4 years by the co-chairs and appointed by the ISPRM President's Cabinet *

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USPRM Task Force – *Levent Özçakar*



Introduction

The specialty of Physical and Rehabilitation Medicine (PRM) deals with a large variety of diseases involving the neuromusculoskeletal system. Accordingly, physiatrists need to diagnose, treat, and rehabilitate disorders affecting several tissues including muscles, nerves, tendons, ligaments, bones and cartilage. In this regard, the utility of ultrasound (US) imaging - which provides superior diagnostic and interventional opportunities for a musculoskeletal physician - is paramount for our specialty. Likewise, it is apparent that US imaging allows physiatrists to first see (without resecting), then assess/quantify, and eventually have access to the anatomical structure or pathology (for any intervention). This gives PRM physicians the liberty to conduct multiple explorations and provide "comfort" to physicians and patients alike. Further, taking into account the fact that the use of US in clinical practice is naturally coupled with scholarly publishing, this also means "academic superiority". Physiatrists now have the chance to discuss new observations and data that were not available to them before.

Herewith, other than being unable to image intraosseous tissues, the most important disadvantage of musculoskeletal US is its user-dependency. As such, there is indisputably need for a lengthy education before one can confidently make comments on a pathology or, in other words, before others can rely on his/her scanning. To this end, it was high time international standardized consensus had been established on formal educational curricula and accreditation programs to better educate and then certify those who are competent enough to perform US. In this sense, the task force of **USPRM (US Study Group of ISPRM)** is launched.

TRAINING and CURRICULUM

The curriculum for the initial training is planned at three levels; 'Basic', 'Intermediate' and 'Advanced'. Starting from ISPRM 2020, USPRM courses will be organized annually with the following agenda.

Beginner	Intermediate	Advance	
1st half-day	Upper limb joints	Upper limb pathologies	Spinal interventions
2nd half-day	Upper limb joints	Upper limb interventions	Spinal interventions
3rd half-day	Lower limb joints	Lower limb Pathologies	Miscellaneous
4th half-day	Lower limb joints	Lower limb interventions	Miscellaneous

Physiatrists will also have the chance to go on training with 'Experts' at 'Centers of Excellence' and with 'Trainers' at 'Training Centers' - which are categorized/approved by USPRM.

Head

Levent Özçakar, MD, Professor

Members (alphabetical order)

Nuray Akkaya, MD, Associate Professor, Turkey

Wen-Shiang Chen, MD, PhD, Professor, Taiwan

Ke-Vin Chang, MD, PhD, Taiwan

Martine De Muynck, MD, Professor, Belgium

Murat Kara, MD, Associate Professor, Turkey

Dong-Rak Kwon, MD, Associate Professor, South Korea

Henry Lew, MD, PhD, Professor, USA

Gi-Young Park, MD, Profesor, South Korea

Chueh-Hung Wu, MD, PhD, Assistant Professor, Taiwan

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12th ISPRM World Congress – ISPRM 2018, Paris, France

ISPRM 2018, the 12th ISPRM World Congress, was held from 8 July - 12 July 2018 in Paris, France.

ISPRM 2018 was hosted by the Société Française de Médicine Physique et de Réadaptation (SOFMER).

A total of 2,689 abstracts were submitted, of which 164 were selected for oral presentations.

ISPRM 2018 attracted 4.008 delegates (record for an European ISPRM World Congress) from 108 countries, with France (29,69%), Japan (6,59%), USA (5,14%), Turkey (2,87%) and Australia (2,77%) being the Top 5 in number of participants.

1495 delegates participated in 12 pre-congress workshops. The Scientific Program counted over 50 Scientific Sessions chaired by Invited Lecturers, including 10 Keynote lectures. The abstracts for oral presentations were distributed in 21 free papers scientific sessions, 21 "other scientific sessions" or "symposia" proposed by the best worldwide specialists in their field, 12 ISPRM Committee sessions, 8 joint sessions between international scientific societies of PRM, and 53 educational workshops. All of them were selected after a careful review by a group of 178 international reviewers.

A total of 32 CME credits could be earned by each participant.

The Sidney Licht Lectureship Award 2018 was awarded to Fary Khan, Australia, who gave an inspiring lecture titled *"Global Health and the Evolving Role of Rehabilitation".*

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