



17th CONGRESS European SOCIETY of PHYSICAL and REHABILITATION MEDICINE **VENICE 2010 ITALY**

GOALS for ESPRM Congress :

- to diffuse European PRM knowledges and concepts in any International bodies and levels to contribute for the enrichment of role, contents and awareness of PRM in any matter
- to present the most important and innovative fields of the Research in PRM, with the aim to compare and emphasize the different clinical experiences developed in recent years in Hospital and Rehabilitation Centres of Europe, with the cooperation of experts and results from Centres and Societies all over the World,
- - Keeping up a close co-operation with the UEMS, the European Board of Physical and Rehabilitation Medicine and the Académie de Médecine Physique et de Réadaptation, with ISPRM and other International institutions and Societies in PRM.

ESPRM European Rehabilitation: Quality, evidence, efficacy and effectiveness

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The Congress may be an occasion to:

- encourage communication and cooperation between physiatrists, researchers and managers of the Physical and Rehabilitation Medicine in Europe, creating a more operative and dynamic relationship also with the colleagues of the other countries in the world,
- diffuse the contents of the main international Documents that guide and encourage the activities thought for the promotion and protection of health and rights, and the Participation of all people independently to their different abilities, conditions and pathologies
- reach the best balance between the scientific-theoretical levels and the operative ones in all Countries of Europe,
- qualify the role of PRM in all National Health Services with the aim to establish an optimal healthcare of the disabled people, in a common European level.

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CONVENTION CENTER




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PalaGalileo

Arena in Venice Lido
The PalaGalileo houses some of the most famous musical and theatrical events on the region. It completes the congress centre on the Lido. The large space and organizing capacity of the Congress Centre mean that very interesting public events can be organised and many people can find many possibilities in Hotels of any different level of costs and solutions.



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VENICE 2010 ITALY **23/27 MAY** www.cesprm2010.eu

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ESPRM

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List of Topics

- **Clinical PRM Sciences** [\[1\]](#)
- 1. **Pain**
 - 1.1. Acute pain
 - 1.2. Chronic generalized pain syndromes
 - 1.3. Complex regional pain syndrome
 - 1.4. Miscellaneous
- 2. **Musculoskeletal Conditions**
 - 2.1. Inflammatory joint diseases (e.g. Rheumatoid Arthritis, Ankylosing Spondylitis)
 - 2.2. Degenerative joint diseases (e.g. Osteoarthritis)
 - 2.3. Bone diseases (e.g. Osteoporosis)
 - 2.4. Regional pain syndromes of the neck and upper extremity
 - 2.5. Regional pain syndromes of the pelvis and lower extremity
 - 2.6. Back pain and spine disorders
 - 2.7. Musculoskeletal trauma (e.g. fractures) and sports injury
 - 2.8. Miscellaneous
- [\[2\]](#) The Clinical Rehabilitation Sciences study how to provide best care with the goal of enabling people with health conditions experiencing or likely to experience disability to achieve and maintain optimal functioning in interaction with their immediate environment. It contains clinical research on best care including guidelines and standards, organization and quality management, coordination as well as education and training of professionals in rehabilitation, evaluation of the rehabilitation team and multidisciplinary care.

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- 3. **Neurological and Mental Conditions**
 - 3.1. Stroke
 - 3.2. Traumatic brain injury
 - 3.3. Spinal cord injury
 - 3.4. Autoimmune and inflammatory neurological conditions (e.g. Multiple Sclerosis)
 - 3.5. Neurodegenerative diseases (e.g. Dementia)
 - 3.6. Language and speech disorders
 - 3.7. Nerve injury
 - 3.8. Mental disorders (e.g. Depression; Bipolar Disorders)
 - 3.9. Miscellaneous
- 4. **Internal Medicine Conditions**
 - 4.1. Heart, cardiovascular and lymph diseases
 - 4.2. Lung diseases
 - 4.3. Bladder and Bowel
 - 4.4. Cancer
 - 4.5. Metabolic disorders (e.g. obesity, diabetes)
 - 4.6. Burns
 - 4.7. Miscellaneous
- 5. **Social Integration**
 - 5.1. Community based rehabilitation
 - 5.2. Vocational rehabilitation
 - 5.3. Support, assistance and independent living
 - 5.4. Disability evaluation and compensation
 - 5.5. Independent living
- 6. **Pediatrics**
 - 6.1. ■
- 7. **Geriatrics**
 - 7.1. ■
- 8. **Miscellaneous**

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- 9. **Biosciences in PRM** [\[1\]](#)
 - 10. Cell and tissue adaptation (e.g. plasticity, molecular mechanisms)
 - 11. Biological mechanisms of interventions (e.g. learning)
 - 12. Miscellaneous
- **Biomedical Rehabilitation Sciences and Engineering** [\[2\]](#)
- 13. **Organ Systems and Body Functions (based on the first level of the ICF component body functions)**
 - 13.1. Mental functions
 - 13.2. Sensory functions and pain
 - 13.3. Voice and speech functions
 - 13.4. Functions of the cardiovascular, haematological, immunological, and respiratory systems
 - 13.5. Functions of the digestive, metabolic, and endocrine systems
 - 13.6. Genitourinary and reproductive functions
 - 13.7. Neuromusculoskeletal and movement-related functions
 - 13.8. Functions of the skin and related structures
 - 13.9. Miscellaneous
- 14. **PRM Diagnostics**
 - 14.1. Cardiovascular functions and physical endurance
 - 14.2. Lung function testing
 - 14.3. Muscle function and endurance
 - 14.4. Coordination testing
 - 14.5. Electro-neurophysiologic testing
 - 14.6. Imaging techniques (e.g. ultrasound)
 - 14.7. Miscellaneous
- [\[3\]](#) The biosciences in rehabilitation are basic sciences which aim to explain body injury, adaptation and repair from the molecular to the cellular, organ system and organism level, and to identify targets for biomedical interventions to improve body functions and structures.
- The biomedical rehabilitation sciences and engineering are applied sciences which study diagnostic measures and interventions including physical modalities suitable to minimize impairment, control symptoms and to optimize people's capacity.

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- 15. **PRM Interventions**
 - 15.1. Exercise
 - 15.2. Muscle training
 - 15.3. Ergonomics
 - 15.4. Joint mobilisation and manipulation techniques
 - 15.5. Massage and myofascial techniques
 - 15.6. Lymph therapy (manual lymphatic drainage)
 - 15.7. Heat and cold
 - 15.8. Hydrotherapy and balneotherapy
 - 15.9. Light and climate
 - 15.10. Electrotherapy (including functional electro-physiologic stimulation)
 - 15.11. Pharmacological interventions (e.g. pain, spasticity, anti-inflammatory drugs)
 - 15.12. Nerve root blockades and local infiltrations
 - 15.13. Acupuncture
 - 15.14. Nutrition and diet
 - 15.15. Virtual reality
 - 15.16. Nutritional therapy
 - 15.17. Rehabilitation technology including implants, prosthesis, orthoses
 - 15.18. Robots, aids and devices
 - 15.19. Miscellaneous
- **Integrative Rehabilitation Sciences** [\[1\]](#)
- Rehabilitation Services Research**
 - 15.20. Health policy and law
 - 15.21. Rehabilitation economics
 - 15.22. Community-based participatory research
 - 15.23. Miscellaneous
- [\[2\]](#) The integrative rehabilitation sciences design and study rehabilitation systems, services, comprehensive assessments and intervention programs which integrate biomedical, personal factor and environmental approaches suited to optimize people's performance.

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16.	Comprehensive Rehabilitation Intervention Research
16.1.	Rehabilitation program evaluation (e.g. home-based rehabilitation)
16.2.	Rehabilitation technology assessment (e.g. telerehabilitation)
16.3.	Technology transfer
16.4.	Patient and proxy education
16.5.	Social integration interventions (e.g. vocational rehabilitation programs and ergonomics, compensation)
16.6.	Community integration (e.g. home-based rehabilitation programs)
16.7.	Occupational therapy interventions
16.8.	Psychological and behavioural interventions
16.9.	Neuropsychological interventions
16.10.	Speech and language therapy
16.11.	Dysphagia management
16.12.	Nursing interventions
16.13.	Sports in Rehabilitation
16.14.	Miscellaneous
17.	Rehabilitation Administration and Management
17.1.	Development of integrated care and service concepts
17.2.	ICF-based case management programs
17.3.	Design of structures and processes in rehabilitation institutions
17.4.	Miscellaneous
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	Human Functioning Sciences
18.	Theory and models of functioning (e.g. disability creation process)
19.	Classification of functioning (e.g. ICF Core Sets; ICF up-date and revision)
20.	Measurement of functioning (e.g. ICF Core Instruments; FIM; operationalizations of ICF categories)
21.	Functioning epidemiology (population-based comparative studies of functioning across conditions, cultures, and time, e.g. on employment of people with disability)
22.	Functioning impact assessment (e.g. prediction of the implications of policy and legislation on functioning)
23.	Ethical issues and human rights in PRM
24.	Miscellaneous
<ul style="list-style-type: none"> • ES The human functioning sciences are basic sciences from the comprehensive perspective which aim to understand human functioning and to identify targets for comprehensive interventions. 	
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Submission Deadlines	
As Scientific Review Presentation	As original Works: Poster or Oral presentation
<u>Abstract submission</u> deadline: 15/12/009	<u>Abstract submission</u> deadline: 28/02/2010
<u>Sending of Complete work</u> deadline: 30/03/2010	<u>Sending of Complete work</u> deadline: 30/03/2010
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