

The International Society of Physical and Rehabilitation Medicine: The Past, Present, and Way Forward-III

Jorge Lains^{1,2}, Francesca Gimigliano³, Jianan Li⁴, Leonard Li⁵, Sam Wu^{6,7,8,9}, Louise Gorringer¹⁰, Linda Bosschers¹⁰, Walter Frontera^{11,12}

¹Centro de Medicina de Reabilitação da Região Centro, Rovisco Pais, Tocha, Portugal, ²Medical Dentistry School – Catholic University, Viseu, Portugal, ³Department of Mental and Physical Health and Preventive Medicine, University of Campania “Luigi Vanvitelli,” Napoli, Italy, ⁴Department of Rehabilitation Medicine, The First Affiliated Hospital of Nanjing Medical University, Nanjing, China, ⁵Department of Medicine, Division of Rehabilitation, University of Hong Kong, Hong Kong, China, ⁶Department of Physical Medicine and Rehabilitation, Geisinger Musculoskeletal Institute, Geisinger Health System, Danville, PA, USA, ⁷Department of Clinical Sciences (Education), Geisinger Commonwealth School of Medicine, Geisinger Health System, Danville, PA, USA, ⁸Department of Physical Medicine and Rehabilitation, Rutgers New Jersey Medical School, Newark, NJ, USA, ⁹Department of Physical Medicine and Rehabilitation, Rutgers Robert Wood Johnson Medical School, Piscataway, NJ, USA, ¹⁰Association Management, Kenes Associations Worldwide, Geneva, Switzerland, ¹¹Department of Physical Medicine, Rehabilitation, and Sports Medicine, University of Puerto Rico, Medical Sciences Campus, San Juan, USA, ¹²Department of Physiology, School of Medicine, University of Puerto Rico, San Juan, USA

Abstract

This article is meant as an update on the previous articles published about the International Society of Physical and Rehabilitation Medicine (ISPRM). It reflects the current organizational structure and describes its core activities. Strengths, weaknesses, opportunities, and threats of the society are analyzed to define a strategic plan for the future of ISPRM. Key activities like ISPRM World Congresses, the foundation of the Journal of ISPRM and the creation of a certification project are described. The article reports also about the external relationship of ISPRM with different organizations and in particular with the World Health Organization and with the United Nations.

Keywords: Nongovernmental organization, physical and rehabilitation medicine, scientific society

INTRODUCTION: VISION, MISSION, AND GOALS

This article provides an update on the previous articles published about the ISPRM, its activities, and future plans.^[1,2] It includes a review of the current organizational structure, its core activities, and the environment within which ISPRM operates that determines the future direction for the society. The International Society of Physical and Rehabilitation Medicine (ISPRM) was founded on November 13, 1999, as a result of the merger of the International Rehabilitation Medicine Association (IRMA) and the International Federation of Physical and Rehabilitation Medicine (IFPRM).

ISPRM serves as the global organization for physical and rehabilitation medicine (PRM) including 55 national society members and over 35,000 individuals in the field of PRM (as of December 2017). As a nongovernmental organization (NGO), ISPRM acts as a catalyst for international PRM research and has a humanitarian, a professional, and a scientific mandate.

The vision of the ISPRM is to be the leading PRM society and medical voice for persons with disabilities (PWDs) in the

world. The mission of ISPRM is to optimize functioning and health-related quality of life and minimize disability in persons with disability and/or medical problems throughout the world.^[3]

These will be achieved by the following:

1. Enabling physicians and researchers active in PRM to develop and apply optimal care
2. Strengthening the development and capacity of national and regional organizations of PRM
3. Partnering with international organizations to develop and implement effective disability and rehabilitation policies
4. Promoting collaboration among governments, NGOs, organizations of PWD, businesses, and others interested in rehabilitation and PRM.^[3]

Address for correspondence:

Dr. Francesca Gimigliano,
Department of Mental and Physical Health and Preventive Medicine, University
of Campania “Luigi Vanvitelli,” via de Crecchio, 4, 80138, Napoli, Italy.
E-mail: francescagimigliano@gmail.com

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: reprints@medknow.com

How to cite this article: Lains J, Gimigliano F, Li J, Li L, Wu S, Gorringer L, *et al.* The international society of physical and rehabilitation medicine: The past, present, and way forward-III. *J Int Soc Phys Rehabil Med* 2019;2:1-11.

Access this article online

Quick Response Code:



Website:
www.jisprm.org

DOI:
10.4103/ijprm.ijprm_7_18

ORGANIZATIONAL STRUCTURE OF THE INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE

The ISPRM is a nonprofit, nongovernmental international association registered in Geneva, Switzerland. ISPRM's official bodies are the Assembly of Delegates (AoD), the Assembly of Individual Members (AIM), the Executive Committee (EC), the President's Cabinet (PC), the Council of Past Presidents (CPP), and the International Education and Development Trust Fund. In addition, the society has a number of standing committees, determined by the statutes, and various *ad hoc* committees and task forces, as designated by the president and PC. These bodies are described in Figure 1.

The structure of the society aims to ensure representation from both National PRM societies and individual members, respecting the historical formation of ISPRM which brought together the national societies and individuals. The structure also aims to ensure an equal representation of PRM specialists from all areas of the world: three large geographical areas "ISPRM areas" and nine subareas: (1) The Americas (North America, Central America and the Caribbean, and South America); (2) Europe, Eastern Mediterranean, and Africa; and (3) Asia (Central and East Asia, South and South Eastern Asia) and Oceania. This structure is fully compatible with the United Nation's (UN) structure.^[1] These areas are used as a basis for the nomination of ISPRM leadership, election of representatives to the AoD, and the destination selection of the annual ISPRM World Congress. The latter responds to the ISPRM's aim to ensure that the congress is held in each of the three large world areas every 3 years.

Leadership

Assembly of delegates

The AoD is the key decision-making body of the society, responsible for the strategic decisions of the society as detailed in the statutes. There have been continued improvements in the organization of the AoD annual meeting, resulting in an improved attendance and participation. During this meeting, voting takes place to elect officers to various positions within

the society, approve changes to statutes, approve finances, and select the host country for the ISPRM World Congress.

Assembly of individual members

All individual members of ISPRM are members of the AIM. The AIM was formed to provide a representation for the individual members of ISPRM to provide their views and opinions to the leadership. The responsibilities of the AIM are to elect representatives to the AoD and the EC and to provide input to the activities of ISPRM.

Given that ISPRM now includes all members of National Societies as individual members, there has been a need to reevaluate the structure of this body. A task force was created to define the most suitable voting procedures, supervised by the CPP. The new proposal, formally approved by the AoD during the 2017 World Congress in Buenos Aires, states that the AIM does not require a quorum to conduct business at its meetings. A simple majority of those attending the meetings of the AIM can pass motions and elect officers and representatives. Similarly, an electronic vote of the AIM need not meet a quorum for its actions to be valid. A simple majority of those who vote within 30 days can pass motions.

Executive committee

The EC is responsible for all ISPRM operational decisions as delegated to it by the AoD except when it further delegates its responsibilities to the PC. In 2014, a job description for national society representatives to the EC was developed to clarify their role. The EC meets at each ISPRM World Congress and online voting takes place whenever necessary.

President's Cabinet

The PC, consisting of the president, president-elect, vice president, past president, treasurer, and secretary, meets monthly using a web conferencing system to discuss the various issues concerning the society [Table 1]. Additional meetings can be scheduled as needed and people outside the PC can be invited to take part in the meeting to elaborate on and discuss relevant topics. This regular meeting has enhanced the decision-making capacity of the PC and has ensured the involvement of all members in key discussions, adding transparency to the process.



Figure 1: Organizational structure of the International Society of Physical and Rehabilitation Medicine

Table 1: Standard agenda items for the International Society of Physical and Rehabilitation Medicine president's cabinet meetings

Approval of agenda
Approval of minutes of previous meeting
ISPRM World congress updates (next 3 years)
Committee updates
Finance
Executive management and membership
Collaboration
Any other business
Next meeting date

ISPRM: International Society of Physical and Rehabilitation Medicine

Council of Past Presidents

The CPP has an advisory and consultative role, with the purpose of assisting the PC as needed, but does not have a supervisory role and it is not part of the governance of the society. The CPP had its first meeting at the 2016 World Congress in Kuala Lumpur, Malaysia, and will continue to meet at each World Congress. The immediate past president is the chair of the CPP and liaison with the PC. The current tasks of the CPP are to develop special interest groups and to facilitate the ISPRM Ambassadors Program.

International Education and Development Fund

The International Education and Development Fund was established following the merger of IRMA and IFPRM with the aim of promoting and advancing education and research in PRM at the international level. It has been used to support scholarships allowing individuals from low-income and lower-middle income countries (as designated by the World Bank) to attend the World Congress and more recently projects such as the creation of the online Educational Portal (see below). During the EC meeting at the 2016 World Congress, it was decided that this fund would continue to exist to support its original aims with the understanding that it will be dissolved after all the funds have been used.

Membership

The ISPRM offers both national society membership (all individuals of these national societies are automatically members of ISPRM) and direct individual membership for those individuals coming from countries where no national society exists, or it is not a member of ISPRM, and for those who are not affiliated with a national society.

Both national society and individual membership continues to grow. ISPRM leadership continues to encourage new national societies from low-income countries to become members by waiving fully or partially the membership fees for at least the 1st year. One important aim of ISPRM is to reduce membership fees for all national societies and individual members in the near future. The ISPRM disseminates information about its activities to all members via its website and encourages all members to register their details. The commitment, enthusiasm, and hard work of its volunteer members are vital for the success of ISPRM.

Committees

One of the priorities of the Presidency 2014–2016 was the simplification of the committee structure with the aim of improving the efficiency of the key committees. This resulted in a merger of a number of committees and the termination of those committees made redundant with the establishment of a central office. Thus, there are now three standing committees, as required by the statutes, and several *ad hoc* committees and task forces as described in Figure 2. Another key development was the introduction of operational guidelines for each committee, outlining the purpose, objectives, structure, and procedures of each

committee. These guidelines were developed by each committee and submitted to the PC and EC for approval. The secretary and executive director ensure that the operational guidelines of all committees are current and available on the ISPRM website. The aim of each committee is detailed in Table 2.

In addition to the introduction of operational guidelines for each committee, a more structured approach to committee meetings at each annual World Congress was established in recent years. A meeting between the ISPRM PC and the committee chairs was held for the first time at the 2017 ISPRM World Congress in Buenos Aires, Argentina, and will take place annually at each World Congress. Operational funds for committees have been included in ISPRM's budget and a process to request these funds has been developed and defined on the website.^[4]

Relationships with external organizations

The ISPRM has established collaborations (via a memorandum of understanding [MoU]) with various scientific societies and regional PRM societies. MoUs with the International Association for the Study of Pain, the World Federation of Neurorehabilitation, the International Spinal Cord Society, the International Industry Society in Advanced Rehabilitation Technology, and Cochrane Rehabilitation were signed since our last article was published and the MoU with the Mediterranean Forum of Physical and Rehabilitation Medicine was renewed. The aim of these agreements is to foster cooperation and coordination of activities at the international, regional, and national levels. For each agreement, a 2-year working plan is defined outlining collaborations and projects of mutual interest.

The ISPRM has a formal relation with the World Health Organization (WHO), contributes to WHO projects, and disseminates information about the WHO's activities. The basis of the official relationship is a mutually agreed 3-year plan for collaboration. To strengthen the collaboration with the WHO, it has been recently decided by the PC that the official representative of ISPRM to the WHO (main focal point) is the president of the society. The chair of the WHO Liaison Committee will be the ISPRM Designated Technical Officer. The ISPRM has recently been accredited as NGO by the United Nations Conference of States Parties to the Convention on the Rights of Persons with Disabilities (COSP UNCRPD). This accreditation status qualifies ISPRM to participate in the annual COSP UNCRPD meeting.

International Society of Physical and Rehabilitation Medicine Ambassadors program

A program of ISPRM Ambassadors was established in 2014 with the objective of enabling senior colleagues to help ISPRM in establishing and strengthening PRM in other countries. Two ISPRM ambassadors were appointed, Germano Pestelli (from Italy) as ISPRM Ambassador to Moldova and Albania and Klemen Grabljevec (from Slovenia) for Kazakhstan. Both have made significant progress as noted in the ISPRM Book of Reports 2015–2017.^[5-7]

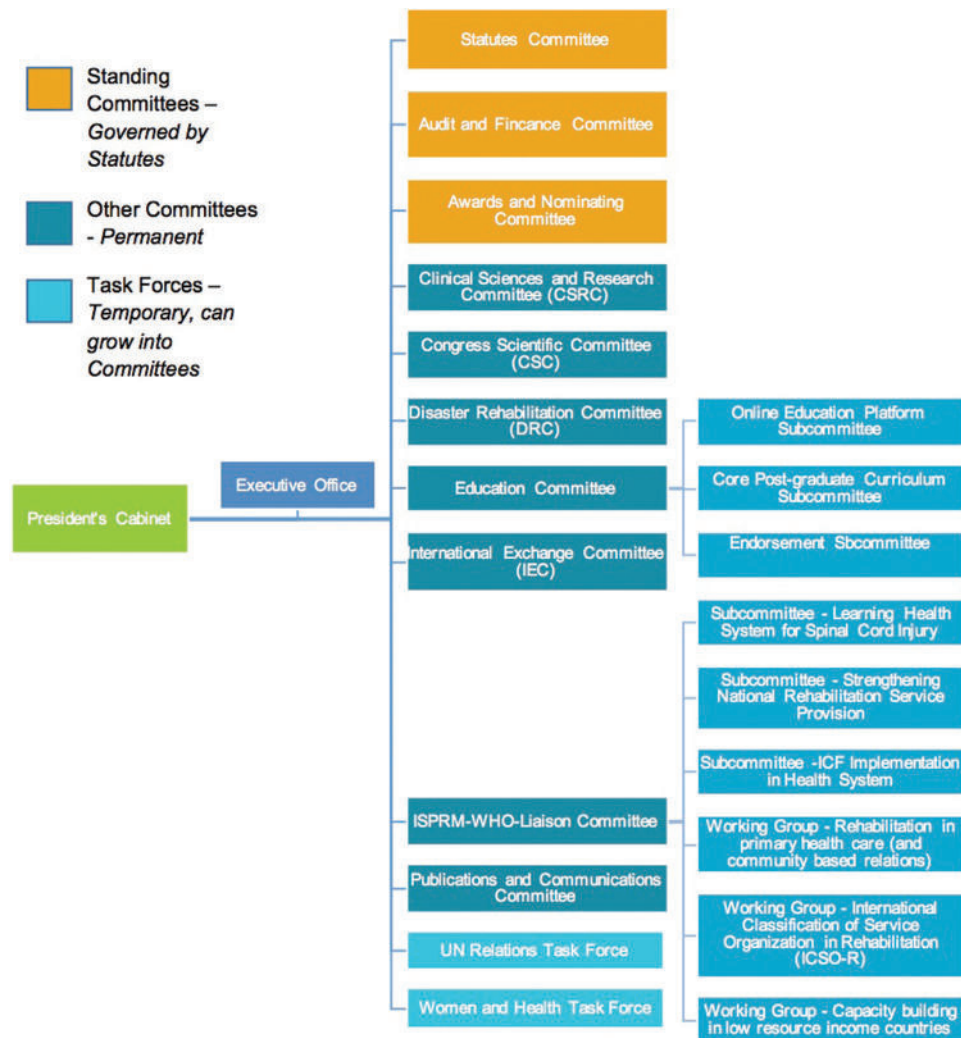


Figure 2: International Society of Physical and Rehabilitation Medicine committee's structure

Table 2: Aims of International Society of Physical and Rehabilitation Medicine committees

	Committee	Aims
Standing committees	Statutes	To assist the ISPRM in achieving its mission through maintaining up-to-date enabling governance documents
	Audit and finance	To supervise and make recommendations about the financial affairs of the society
	Awards and nominating	To nominate candidates for the offices of the vice-president, secretary, treasurer, at-large trustees of the International Education and Development Fund 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, and other), and nominate candidates to receive awards and prizes
Ad hoc committees	Clinical science and research	To improve the quality of research in PRM, enhance our understanding of disability issues, and inform disability policy
	Congress scientific	To ensure a smooth and continuous organization and planning of ISPRM World Congresses
	Disaster rehabilitation	To advocate PRM perspective in minimizing disability and optimizing functioning and health-related quality of life in persons who sustain traumatic injury and those with preexisting disability in a natural or human-made disaster
	Education	To assist the International Society of Physical Medicine and Rehabilitation in achieving its mission through providing its members educational and training opportunities
	International exchange	To serve as a central clearing house for unique educational and learning opportunities in PRM, across all continents
	ISPRM-WHO liaison	To provide input to the WHO on the issues it addresses that are of interest to the ISPRM, and To present to the WHO any additional issues the ISPRM believes should be considered by the WHO
	Publications and communications	To coordinate the activities of ISPRM related to scientific publishing and information dissemination

ISPRM: International Society of Physical and Rehabilitation Medicine, PRM: Physical and Rehabilitation Medicine, WHO: World Health Organization

Communications

Website

Recognizing the importance of an online presence, the ISPRM website has constantly been improved during the recent years. Part of the website is open access, but there is a section that is reserved for ISPRM members who must use a password to login to access content. All relevant information on the society and important educational materials are published in www.isprm.org.

Social media

ISPRM uses social media including Facebook and Twitter to disseminate information about the activities of the society and PRM in general. Much work has been undertaken in the past 12 months to increase the relevance and impact of posts. As of February 2018, our Facebook page has 8461 likes and our Twitter has 1363 followers.

News and views

News and Views became the official newsletter of the society in April 2002 and is distributed to all ISPRM members as a means of providing information about the activities of the society and its members. Currently, News and Views is produced and distributed electronically 4 times per year. Its production is coordinated by the ISPRM Central Office under the direction of an Editor, Prof. Andre Thevenon, Chair of the Publications and Communications Committee. The layout of this important communication has recently been improved and further enhancements are planned.

Central office support

In parallel to the growth of the organization, ISPRM selected Kenes Associations as the management company in 2012 which held the ISPRM Central Office till 2018. Since January 2019 the ISPRM Central Office is managed by AIM Group International. The ISPRM Central Office provides services to ISPRM at three levels:

- Level 1: Executive and membership management
- Level 2: Communications services, platforms, and technologies
- Level 3: Consulting in strategic planning, financial management, campaigns and public relations, and fundraising.

In addition, the Central Office has worked with the ISPRM leadership to implement several initiatives to further support the society including:

- Registration in Switzerland as an NGO, obtaining tax exempt status
- Updating and reviewing the statutes and policies and procedures, in conjunction with the statutes committee, to ensure that these remain current and relevant
- Developing and harmonizing the Committee Operational Guidelines to assist the operational effectiveness of all committees
- Implementing an online banking system, allowing the treasurer and president to view and process payments more effectively and allowing for better reporting of the financial situation

- Improving the business meetings of the society, recording and action follow-up
- Developing materials for and communications with industry partners to bring income to the society
- Improving communications through the implementation of a new website, social media channels, and improved E-mail communications.

INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE ACTIVITIES

International Society of Physical and Rehabilitation Medicine World Congresses and other International Society of Physical and Rehabilitation Medicine endorsed meetings

International Society of Physical and Rehabilitation Medicine World Congress

The World Congress remains the main face-to-face meeting of the society. The 1st ISPRM World Congress was held in 2001 in Amsterdam with 1192 participants representing 61 different countries. Starting in 2013, the World Congress became an annual event. The World Congress rotates among the three geographical areas with the aim of ensuring that the congress promotes PRM in all regions of the world [Table 3].

As per the ISPRM World Congress Bidding Guidelines, the objectives of the annual congress include the following:

1. Science
 - To present and discuss recent research
 - To inform about new trends in research and recent results.
2. Education and Guidance
 - To provide scientific evidence and best practice updates
 - To present relevant issues designated to stimulate discussion
 - To improve skills for clinical practice
 - To provide guidance for the field of PRM.
3. Society
 - To brief delegates on ISPRM achievements
 - To engage in strategic exchange of ideas
 - To conceptualize the PRM specialty and its position within the health system
 - To increase awareness of the field of PRM among the general public and the medical community
 - To develop strategies to improve daily practice.
4. Networking
 - To strengthen interaction through social events and time for informal personal exchanges.
5. Presentation of awards and distinctions
 - The Herman Flax Lifetime Achievement Award to honor individuals with a lifetime award of outstanding and unique contributions to the care of individuals with disability and the specialty of PRM. This award is the ISPRM's highest honor

Table 3: International Society of Physical and Rehabilitation Medicine World congresses

Year	City, nation	Host ISPRM national society	ISPRM region	Congress president(s)	Congress scientific committee chair(s)	Participants (n)	Submitted abstracts (n)
2001	Amsterdam, The Netherlands	Nederlandse Vereniging van Revalidatieartsen	Europe, Eastern Mediterranean, and Africa	William Peek	Gustaf Lankhorst	1192	912
2003	Prague, Czech Republic	Israeli Association of Physical Medicine and Rehabilitation	Europe, Eastern Mediterranean, and Africa	Haim Ring	Nachum Soroker	1300	1100
2005	Sao Paulo, Brazil	Brazilian Association of Physical Medicine and Rehabilitation	The Americas	Linamara Battistella	Marta Imamura	1821	951
2007	Seoul, South Korea	KARM	Asia and Oceania	Chang-II Park	Tai Roon Han	2337	1192
2009	Istanbul, Turkey	Turkish Society of Physical Medicine and Rehabilitation	Europe, Eastern Mediterranean, and Africa	Önder Kayhan	Aydan Oral	2984	1900
2011	San Juan, Puerto Rico	Puerto Rico Society of Physical Medicine and Rehabilitation	The Americas	Veronica Rodriguez	William Micheo	1200	750
2013	Beijing, China	Chinese Association of Rehabilitation Medicine and Chinese Society of Physical Medicine and Rehabilitation	Asia and Oceania	Jianan Li	Leonard Li, Zongyao Wu	4200	2182
2014	Cancun, Mexico	Sociedad Mexicana de Medicina Fisica y Rehabilitacion	The Americas	Juan Manuel Guzman		2125	988
2015	Berlin, Germany	DGPMR e.V and ÖGPMR	Europe, Eastern Mediterranean, and Africa	Christoph Gutenbrunner and Veronika Fialka-Moser	Gerold Stucki, Ulrich Smolenski, Tatjana Paternostro-Sluga	2664	1925
2016	Kuala Lumpur, Malaysia	MARP	Asia and Oceania	Zaliha Omar	Julia Patrick Engkasan	1411	1145
2017	Buenos Aires, Argentina	SAMFyR	The Americas	Carolina Schiappacasse	Lynn Gerber	1789	952
2018	Paris, France	SOFMER	Europe, Eastern Mediterranean, and Africa	André Thevenon and Alain Yelnik	Isabelle Laffont		2689
2019	Kobe, Japan	JARM	Asia and Oceania	Eiichi Saitoh	Kazuhiisa Domen		
2020	Orlando, USA	AAP	The Americas	Adam Stein	Gerard Francisco		
2021	Lisbon, Portugal	SPMFR	Europe, Eastern Mediterranean, and Africa	Jorge Láins	TBD		

KARM: Korean Academy of Rehabilitation Medicine, MARP: Malaysian Association Of Rehabilitation Physicians, SAMFyR: Sociedad Argentina de Medicina Fisica y Rehabilitacion, SOFMER: Société Française de Médecine Physique et de Réadaptation, JARM: Japanese Association of Rehabilitation Medicine, AAP: Association of Academic Physiatrists, SPMFR: Sociedade Portuguesa de Medicina Fisica e de Reabilitação, ÖGPMR: Österreichische Gesellschaft für Physikalische Medizin und Rehabilitation, DGPMR: Deutsche Gesellschaft für Physikalische Medizin und Rehabilitation

- The Sidney Licht Lectureship Award to honor physiatrists who have made consistent contributions to the advancement of international PRM
- Haim Ring-Institution and Individual. The Institutional Award recognizes institutions who demonstrate strong engagement in hosting international visitors and exchanges. The Individual Award recognizes individual members who demonstrate outstanding accomplishments in promoting international visits and exchanges.

In 2014, much work was undertaken to improve the bidding process and the selection of the destination of the World

Congress. Both the bidding guidelines and the process supporting the bid presentation and technical report were enhanced.^[8] The ISPRM promotes a flexible financial model for those wishing to bid to host the World Congress. The aim of this flexible model is that the national society partners feel that hosting the ISPRM World Congress will impact PRM in their country and region and that holding the congress is financially beneficial. The ultimate aim of this flexible approach is that all parties feel satisfied with the result.

Another important change has been the appointment of an international Congress Scientific Committee (CSC).

The committee is comprised of 23 individuals as follows: 9 appointed by the host country, 9 appointed by ISPRM (3 from each of the main geographic regions), the president and president-elect of ISPRM, and the chairs of the CSC of the three previous world congresses to ensure continuity. To support the work of the committee, a set of guidelines have been developed that include the overall structure of the ISPRM World Congress Scientific Program.^[9] The aim is to organize an outstanding congress with the highest quality science presented by recognized keynote speakers on topics that represent rehabilitation.

International Society of Physical and Rehabilitation Medicine developing countries summit

Since 2014, an annual congress has been held in China with the aim of facilitating education in developing countries in Asia. ISPRM leaders attend and substantially contribute to the success of this important meeting.

Publications

Web of journals

ISPRM continues to develop its “web of journals.” The Publications and Communications Committee has defined specific criteria that journals must fulfill in order to have an official relation with ISPRM.^[10] These are listed in the ISPRM website. There are three categories of journals within the web of journals: (1) Official journal(s) of ISPRM (The Journal of the ISPRM [JISPRM]^[11] and Journal of Rehabilitation Medicine [JRM]),^[12] (2) journal(s) published in association with ISPRM (Annals of Rehabilitation Medicine,^[13] The Annals of PRM,^[14] and The European Journal of PRM -EJPRM),^[15] (3) journal(s) endorsed by ISPRM (Acta Fisiatrica,^[16] Rehab in Review,^[17] The Chinese JRM,^[18] and The Portuguese Journal of PRM -PJPRM).^[19]

ISPRM continues to support other educational publications such as the Musculoskeletal Ultrasound in PRM^[20] and Sonographic Atlas for Common Musculoskeletal Pathologies.^[21]

Education

The main educational activities of ISPRM include the online educational portal (see section 4. Way Forward), the production of core curricula, and the endorsement of PRM-related congresses and other activities.

Core curricula

The ISPRM Education Committee has prepared recommendations for planners of PRM education programs regarding the minimum (essential) curricula, in different domains of the specialty, along with a curriculum for undergraduate students and a core curriculum for postgraduate students.^[22]

Endorsement

The ISPRM Education Committee has developed a procedure for the endorsement of PRM scientific events. This has been successfully implemented and used to endorse several PRM-related congresses and other educational activities [Figure 3].

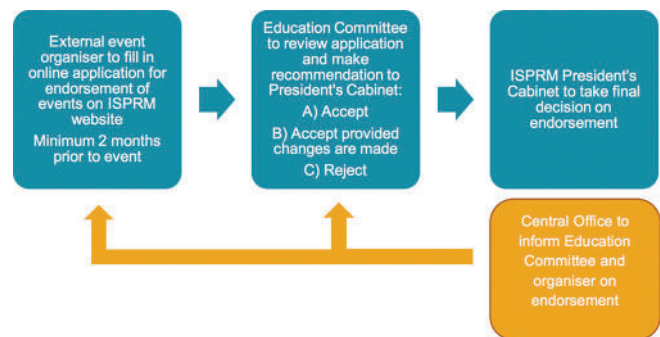


Figure 3: Procedure for the endorsement of physical and rehabilitation medicine scientific events

International exchange

The ISPRM International Exchange Committee (IEC) was established in 2002 as a logical extension of ISPRM’s mission to spread rehabilitation expertise globally. The Committee has set up an exchange program to facilitate the placement of medical students, residents, faculty physicians, and allied rehabilitation professionals in academic institutions worldwide. To coordinate its initiatives, the IEC interfaces with other rehabilitation organizations, as well as relevant ISPRM committees, and shares information about global PRM educational opportunities with ISPRM members. The database of the hosting organizations is accessible on the ISPRM website.

World Health Organization

The ISPRM-WHO Liaison Committee was established to provide input to the WHO on the issues it addresses that are of interest to ISPRM and to present to the WHO any additional issues ISPRM believes should be considered. The ISPRM–WHO Collaboration plan approved for 2015–2017 included three areas of collaboration:

1. The development and implementation of the Learning Health System for Spinal Cord Injury
2. The establishment of a Rehabilitation Services Advisory Team
3. The development of national models for ICF-based routine data collection and national rehabilitation quality management programs toward strengthening the disability component in national health information systems.

Disaster rehabilitation

Large-scale disasters result in significant mortality and disability due to the high incidence of traumatic disabling injuries. Health systems of the affected region generally lack rehabilitation infrastructure and the disaster itself may destroy whatever infrastructure exists. Rehabilitation perspective is lacking in relief efforts during the disaster response such that the rehabilitation needs of the newly injured and those with preexisting disabilities are largely neglected. The mission of the Disaster Rehabilitation Committee (DRC) is to provide technical resources for optimizing health, functioning, and quality of life of persons who sustain injuries or impairments due to a large-scale disaster.

The Committee published an ISPRM policy statement on response to a sudden-onset natural disaster^[23] and in 2016 the committee requested and was awarded a grant to Saint Vincent's Centre for Handicapped Children (Port-au-Prince Haiti) to support repair and resupply of its medical clinic and brace shop following Hurricane Matthew (October). The committee has also offered support following earthquakes in Ecuador, Indonesia, and Italy earthquakes. The DRC also developed a framework of humanitarian competencies with a supporting online curriculum for ISPRM disaster responders. Individual DRC members authored publications on disaster rehabilitation topics.^[24-30]

WAY FORWARD

A SWOT analysis investigating the strengths, weaknesses, opportunities, and threats was prepared to define a strategic plan for ISPRM [Table 4].

International Society of Physical and Rehabilitation Medicine Congress

The ISPRM World Congress is improving each year and a great deal of effort is made to ensure that it is and will always be the most important international meeting in the field of PRM.

International Society of Physical and Rehabilitation Medicine scientific topic list

Even though the current congress topic list is comprehensive and answers to the needs of members and delegates, there is a need to update it to reflect the new congress model. The intention is to simplify the list to reflect changes in the field. The new topic list must include some practical guidelines, suggesting how the CSC should work to develop the final program, for example, how to merge some of the subtopics and divide others to avoid overlap. The current topic list will serve as the basis from which to start. A task force has been identified to work on the development of a new topic list. It is anticipated that this process will include a survey to determine the educational needs of the members, a review of submissions in previous congresses, and discussion and approval by the AoD.

International Society of Physical and Rehabilitation Medicine world congress standards

A strategic review of the current ISPRM World Congress is to be undertaken to ensure that the structure and format of future world congresses is suitable for the needs of those involved in PRM and taking part in the congress. As the society takes a greater ownership of the congress, a program template will be developed including the possibility of organizing the congress in "tracks." ISPRM continuously works to increase the

Table 4: SWOT analysis

Internal	
Strengths	Weaknesses
Mission related to a worthy cause (functioning and disability)	Shortage of resources: Financial, personnel
Large number and the commitment and expertise of leaders and members	Lack of products, limited activities
Relations with external stakeholders including official relations with UN, WHO, and other related organizations	Relatively young society with profile and awareness still growing
Unique position as the only international organization in PRM	Unable to reach individuals within member societies
Combination of practice, research, academic Sensitivity to national and regional society members, as well as individual members	Although in progress, science is still not a strength of the field of ISPRM
Well-organized and structured	Perceived lack of value
Collaborative nature of discipline	No specific activities for residents, early career
Large membership	Management of individuals representing the society
Leadership representative of all world regions	Large number of stakeholders driving large agenda of activities which can dilute effectiveness
External	
Opportunities	Threats
Development of core PRM curriculum across countries	National and regional societies as alternatives.
Develop way to communicate better with individual members	Either competitors or put load of responsibilities and expectations on ISPRM
Raising awareness of issues in disability and rehabilitation solution, capitalize on increasing awareness of the discipline	Fragmentation subspecialization of PRM (spinal cord, etc.) and emergence of new specialist societies
Lead in determination of best practices in rehabilitation in various settings	Lack of external understanding of the field
Collaboration with industry to increase resources	Trends in health care and threat to attendance at meetings
Resource for professional development and advancement of rehabilitatory specialists through educational initiatives (online, onsite precourses, and diploma courses)	Increasing compliance and regulation and threat to support from companies
Develop activities to attract young and enthusiastic members	Ab) use of ISPRM name without capability to intervene
Leverage international position and relationships with stakeholders to implement initiatives and best practice in PRM	
Use activities, i.e., journal to raise awareness and profile of society	
ISPRM: International Society of Physical and Rehabilitation Medicine, PRM: Physical and Rehabilitation Medicine, WHO: World Health Organization	

educational impact of the meeting, looking for innovative session types such as debates and interactive sessions along with developing content and formats suitable for residents. Continued efforts will be made to develop enduring educational materials from the meeting such as webcasts of sessions, e-posters, and others, which can be used to enhance the ISPRM online educational portal.

Publications

The Journal of the International Society of Physical and Rehabilitation Medicine

The ISPRM has launched an online journal of PRM. The mission of the JISPRM is to advance the field of PRM, promote optimal functioning and health-related quality of life, strengthen rehabilitation research, and minimize disabilities by providing an online colloquium for communication of discoveries, established evidence, and contemporary practice of PRM across the globe. The JISPRM will also encourage cross-fertilization among basic, translational, and clinical researchers and practitioners of PRM.^[12] The new online journal is majority owned by ISPRM and the society is responsible for its content. The editor in chief is Prof. Gerard Francisco.

International Society of Physical and Rehabilitation Medicine scope book

A structure and working group is in place to develop the ISPRM Book on “The Scope of Physical and Rehabilitation Medicine.” The objectives of this project are as follows:

- To describe the philosophy, principles, and practice of the medical specialty of PRM
- To discuss the contribution of PRM to the elimination of impairment and the promotion of activity and participation
- To demonstrate the potential contribution of PRM to overcome disability in the world
- To accomplish these objectives respecting cultural and geographical differences.

An advisory committee and an editorial committee supported by global and regional consultants, authors, and reviewers will be selected to offer a geographical representation.

International Society of Physical and Rehabilitation Medicine recommendations

ISPRM recommendations on topics related to PRM will contribute to the visibility of the society not only among PRM specialists, but also among colleagues from other specialties, policymakers and decision makers, and sponsors. Some ISPRM members and committees have already accepted the challenge to work on the creation of ISPRM recommendations.

Endorsement process for publications

Guidelines for manuscripts using the ISPRM name and affiliation have been recently created and are accessible on the society website.^[31]

Education

Online educational portal (next steps)

The ISPRM is about to launch an online educational portal, which will act as the repository for vital PRM information including webcasts, videos, and guidelines. The portal will also serve as the place where learners can access online educational content identified as core curriculum for physicians and researchers active in PRM. Learning modules can be Continuing Medical Education accredited, which will be an important incentive for physicians to participate and demonstrate ISPRM’s commitment to create an online learning environment that is robust and scalable. The ISPRM aims to create a wider scope of online learning activities, extending the reach of highly valued online educational content, and to encourage interaction and community building. The ISPRM educational platform will also offer links to other educational resources from related events (as approved by partner societies).

Joint venture certification project

ISPRM and the Pan Asia Pacific Medical Institute Ltd are establishing a joint venture (JV) to certify practitioners for PRM in countries that do not have board certification in PRM. The mission of the JV is to enhance the quality of PRM in the host country by developing high-quality training programs, developing trainers, and advising centers of excellence in the host nations to assist them to achieve the level comparable to international norms such as those established by ISPRM and some nations with highly developed PRM. The JV may transition to support and advise a host nation to develop the host nation’s PRM board certification programs. The JV may be a transition certification authority to a host nation’s own developing PRM board certification at the request of the host nation.

Relations with external organizations

World Health Organization

Rehabilitation 2030: A call for action

In February 6–7, 2017, the WHO organized, at its headquarters in Geneva, the meeting “Rehabilitation 2030: A call for action.”^[32]

The ISPRM commits to contribute to the following main objectives of the meeting:

- To draw attention to the increasing needs for rehabilitation
- To highlight the role of rehabilitation in achieving the WHO’s Sustainable Development Goals^[33]
- To call for coordinated and concerted global action toward strengthening rehabilitation in health systems.

The ISPRM considers a priority that rehabilitation is considered a health strategy for the 21st century and that PRM is integrated into national health plans and budgets.

New collaboration plan (2018–2020)

The “Collaboration Plan between WHO and ISPRM 2018–2020” is still under discussion and is being adapted to new WHO rules and regulations. The PC and the chair of

the ISPRM-WHO Liaison Committee are working on a new agreement.

United Nations

The ISPRM has been accredited as a NGO to the UN COSP UNCRPD. This accreditation status qualifies ISPRM to participate in the annual COSP UNCRPD meeting.

In 2015, the ISPRM PC appointed the members of the ISPRM-UN Task Force and charged this task force to explore the feasibility of expanding the influence of ISPRM in health- and nonhealth-related matters for PWD by working with the UN and UN partners.

During the 2016 International Day of Persons with Disabilities celebrations at the UN, members of the ISPRM-UN Task Force and Professor Linamara Batistella (former president of ISPRM and consultant to the ISPRM-UN Task Force) met with Mr. Eric Zhang (officer of the UN CRPD) and Ms. Akiko Ito (chief secretariat of the UNCRPD) to discuss potential collaboration. As UNCRPD works specifically with the member states on policies that support the UN Sustainable Development Goals regarding PWD, it was suggested that ISPRM applies for NGO consultative status with the COSP UNCRPD. The ISPRM-UN Task Force subsequently submitted this application. In the fall of 2017, ISPRM was notified that its NGO consultative status with the COSP UNCRPD was approved. The ISPRM-UN Task Force has also applied for ISPRM to have special consultative status with the United Nations Department of Economic and Social Affairs (UN ECOSOC). A response is expected in the latter part of 2018.

The ISPRM-UN Task Force sponsored a session on “Changing the Mindset of the 21st Century” at the ISPRM 2017 World Congress. The session addressed how the ISPRM and the UN can collaborate to achieve the 2030 Sustainable Development Goals for PWDs. At the high-level 2017 COSP UNCRPD meeting at UN Headquarters in New York on June 15, 2017, the ISPRM-UN Task Force collaborated with the International Council for Caring Communities (an NGO with special consultative status with UN ECOSOC) on the side event session “Meeting the Demands of the 21st Century through Innovative Technology.” The ISPRM-UN Task Force anticipates further collaboration between ISPRM and the UN and UN partners in accomplishing the 2030 Agenda for Sustainable Development to emphasize the inclusion of PWD. Future ISPRM-UN Task Force activities include participation in the 2018 COSP UNCRPD meeting and ISPRM World Congress in Paris.

Cochrane rehabilitation field

Cochrane Rehabilitation is a global network of individuals, involved in the production, dissemination, and implementation of evidence-informed clinical practice in rehabilitation. The new Cochrane Field will promote evidence-based decision-making in rehabilitation by supporting and training new authors of Cochrane Reviews, as well as working with clinicians, professional associations, policymakers, patients,

and the media to encourage the dissemination and use of evidence in rehabilitation. Based on an initiative of the European Society of Physical and Rehabilitation Medicine, the idea of a Cochrane Rehabilitation Field was supported by a number of organizations, including ISPRM. After approval by Cochrane Steering Group, Cochrane Rehabilitation was launched in December 2016.

At the AoD at the ISPRM 2017 World Congress, a MoU was signed with the Cochrane Rehabilitation Field. ISPRM agreed to host both the Cochrane Rehabilitation EC and Advisory Board meetings during the annual World Congress along with a dedicated scientific session in the Congress Program.

Disaster rehabilitation

The ISPRM DRC anticipates further developing and implementing education and training materials for ISPRM disaster responders, organizing scientific sessions on disability and rehabilitation in natural disasters, supporting national PRM societies in future disasters, and developing policy for disability inclusion in disaster preparedness.

Collaboration with industry

The health-care industries include many companies that develop and manufacture products that are important during the rehabilitation process and/or enhance functional independence of people with disabilities. Recognizing the importance of appropriate collaborations with industry partners, ISPRM has opened dialogs with several companies that share our values to discuss collaborations of mutual interest, in particular supporting the educational activities of the society, always respecting the ethical considerations of working with industry. The way forward is to establish long-term partnerships with these companies to carry out relevant projects in PRM which are mutually beneficial for all parties.

Communications

The website will continue to be the repository of ISPRM past, present, and future activities. It is constantly updated in order to be easy to navigate. A constant effort is being made by the Secretary and the Central Office to communicate with all ISPRM members also via Facebook and Twitter, and the Publications and Communications Committee will set up an *ad hoc* subcommittee to support in managing the social media.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

REFERENCES

1. Stucki G, Reinhardt JD, von Groote PM, DeLisa JA, Imamura M, Melvin JL, *et al.* Chapter 2: ISPRM's way forward. *J Rehabil Med* 2009;41:798-809.
2. Imamura M, Gutenbrunner C, Stucki G, Li J, Lains J, Frontera W, *et al.* The international society of physical and rehabilitation medicine: The way forward - II. *J Rehabil Med* 2014;46:97-107.
3. ISPRM. ISPRM Statutes; 2017. Available from: <http://www.isprm.org/>

- wp-content/uploads/2012/09/Statutes-Version-approved-May-2017.pdf. [Last accessed on 2018 Feb 22].
4. ISPRM. Committee Funding. Available from: <http://www.isprm.org/wp-content/uploads/2012/09/ISPRM-Committee-funding-Guidelines1.pdf>. [Last accessed on 2018 Feb 22].
 5. ISPRM. ISPRM Book of Reports; 2015. Available from: <http://www.isprm.org/wp-content/uploads/2015/03/ISPRM-2015-Book-of-reports-24032015.pdf>. [Last accessed on 2018 Feb 22].
 6. ISPRM. ISPRM Book of Reports; 2016. Available from: <http://www.isprm.org/wp-content/uploads/2016/06/ISPRM-Annual-Report-2016-online.pdf>. [Last accessed on 2018 Feb 22].
 7. ISPRM. ISPRM Book of Reports; 2017. Available from: <http://www.isprm.org/wp-content/uploads/2017/05/ISPRM-Book-of-reports-2017-Annual-report-of-2016-20170424-FINAL.pdf>. [Last accessed on 2018 Feb 22].
 8. ISPRM. ISPRM Bidding Guidelines; 2017. Available from: <http://www.isprm.org/wp-content/uploads/2012/09/ISPRM-Bidding-guidelines-2022-FINAL-20171206.pdf>. [Last accessed on 2018 Feb 22].
 9. ISPRM. ISPRM Congress Scientific Committee Operational Guidelines; 2016. Available from: <http://www.isprm.org/wp-content/uploads/2016/10/ISPRM-Committee-operational-guidelines-Congress-Scientific-Committee-Oct-2016.pdf>. [Last accessed on 2018 Feb 22].
 10. ISPRM. ISPRM Journals Policies and Guidelines; 2016. Available from: <http://www.isprm.org/wp-content/uploads/2015/01/Journals-Policies-and-guidelines.pdf>. [Last accessed on 2018 Feb 22].
 11. The Journal of the International Society of Physical and Rehabilitation Medicine. Available from: <http://www.jisprm.org>. [Last accessed on 2018 Feb 22].
 12. Journal of Rehabilitation Medicine. Available from: <https://www.medicaljournals.se/jrm/content/>. [Last accessed on 2018 Feb 22].
 13. Annals of Rehabilitation Medicine. Available from: <http://www.e-arm.org/about/journal.html>. [Last accessed on 2018 Feb 22].
 14. The Annals of Physical and Rehabilitation Medicine. Available from: <http://www.em-consulte.com/en/revue/rehab>. [Last accessed on 2018 Feb 22].
 15. The European Journal of Physical and Rehabilitation Medicine. Available from: <https://www.minervamedica.it/en/journals/europa-medicophysica/index.php>. [Last accessed on 2018 Feb 22].
 16. Acta Fisiatrica. Available from: <http://www.actafisiatrica.org.br>. [Last accessed on 2018 Feb 22].
 17. Rehab in Review. Available from: <https://www.rehabinreview.com>. [Last accessed on 2018 Feb 22].
 18. The Chinese Journal of Rehabilitation Medicine. Available from: <http://www.rehabi.com.cn>. [Last accessed on 2018 Feb 22].
 19. The Portuguese Journal of Physical and Rehabilitation Medicine (PJPRM). Available from: <https://www.spmfjournal.org/index.php/spmfr>. [Last accessed on 2018 Feb 22].
 20. Özçakar L, De Muynck M. Musculoskeletal Ultrasound in Physical and Rehabilitation Medicine. 1st ed. Editore Edi. Ermes;2014.
 21. Özçakar L. Sonographic Atlas for Common Musculoskeletal Pathologies. 1st ed. Editore Edi. Ermes;2017.
 22. ISPRM. ISPRM Curricula. Available from: <http://www.isprm.org/learn/educational-materials-for-isprm-members/>. [Last accessed on 2018 Feb 22].
 23. Reinhardt JD, Li J, Gosney J, Rathore FA, Haig AJ, Marx M, *et al.* Disability and health-related rehabilitation in international disaster relief. *Glob Health Action* 2011;4:7191.
 24. Gosney J, Reinhardt JD, Haig AJ, Li J. Developing post-disaster physical rehabilitation: Role of the World Health Organization liaison sub-committee on rehabilitation disaster relief of the international society of physical and rehabilitation medicine. *J Rehabil Med* 2011;43:965-8.
 25. Hu X, Zhang X, Gosney JE, Reinhardt JD, Chen S, Jin H, *et al.* Analysis of functional status, quality of life and community integration in earthquake survivors with spinal cord injury at hospital discharge and one-year follow-up in the community. *J Rehabil Med* 2012;44:200-5.
 26. Zhang X, Hu XR, Reinhardt JD, Zhu HJ, Gosney JE, Liu SG, *et al.* Functional outcomes and health-related quality of life in fracture victims 27 months after the Sichuan earthquake. *J Rehabil Med* 2012;44:206-9.
 27. Li Y, Reinhardt JD, Gosney JE, Zhang X, Hu X, Chen S, *et al.* Evaluation of functional outcomes of physical rehabilitation and medical complications in spinal cord injury victims of the Sichuan earthquake. *J Rehabil Med* 2012;44:534-40.
 28. Rathore FA, Gosney JE, Reinhardt JD, Haig AJ, Li J, DeLisa JA, *et al.* Medical rehabilitation after natural disasters: Why, when, and how? *Arch Phys Med Rehabil* 2012;93:1875-81.
 29. Wen H, Reinhardt JD, Gosney JE, Baumberger M, Zhang X, Li J, *et al.* Spinal cord injury-related chronic pain in victims of the 2008 Sichuan earthquake: A prospective cohort study. *Spinal Cord* 2013;51:857-62.
 30. Zhang X, Reinhardt JD, Gosney JE, Li J. The NHV rehabilitation services program improves long-term physical functioning in survivors of the 2008 Sichuan earthquake: A longitudinal quasi experiment. *PLoS One* 2013;8:e53995.
 31. ISPRM. ISPRM Guidelines for Manuscripts using ISPRM Name and Affiliation; 2017. Available from: <http://www.isprm.org/wp-content/uploads/2017/04/ISPRM-Guidelines-for-manuscripts-using-ISPRM-name-and-affiliation-Final-20170123.pdf>. [Last accessed on 2018 Feb 22].
 32. World Health Organization. Rehabilitation 2030: A Call for Action. Concept Note. Available from: <http://www.who.int/disabilities/care/ConceptNote.pdf?ua=1>. [Last accessed on 2018 Feb 22].
 33. United Nations. Sustainable Development Knowledge Platform. Sustainable Development Goals; 2015. Available from: <https://www.sustainabledevelopment.un.org/sdgs>. [Last accessed on 2018 Feb 22].