

SPECIAL REPORT

WORLD CONGRESSES OF THE INTERNATIONAL SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE 2013–2015: THE WAY FORWARD – FROM BEIJING TO BERLIN

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**Scientific congresses are an important tool to support communication among scientists, enabling exchange of knowledge and discussion of research results. They can also provide specialist education and allow a forum in which to develop the goals and policies of scientific societies. The World Congresses of the International Society of Physical and Rehabilitation Medicine (ISPRM) aims at continuous improvement of congress quality. The programme development aims are: to operate at the highest possible scientific level; to guarantee continuous communication within the main areas of science in the field; and to invite experts to present topics of recent interest. The first section, the basic programme, largely comprises original papers selected from submitted abstracts. The second section covers topics of recent interest in more depth. Other sessions include recent topics arising from the ISPRM-World Health Organization (ISPRM-WHO) liaison, collaborative sessions with other societies, including national societies special interest sessions and ISPRM partners, and sessions organized by young scientists and students. These aims and programme guide the organizers of the 9<sup>th</sup> World Congress, which will be held on 19–23 June 2015 in Berlin. The concepts described here will be developed further for use in future ISPRM World Congresses.**

*Key words:* Congresses in Physical and Rehabilitation Medicine/Organization and administration; societies; congress goals; topic list; ISPRM scientific committee.

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INTRODUCTION

Scientific congresses are an important tool in supporting communication among scientists; enabling exchange of scientific

knowledge and discussion of research results. Congresses are also important for the education of specialists and as a forum for the development of the goals and policies of scientific societies. Congresses provide an opportunity to involve other stakeholders, such as industry and patients' representatives, and to discuss their perspectives and contributions to advancements in the field.

Since its foundation in 2000, the International Society of Physical and Rehabilitation Medicine (ISPRM) has maintained a strong focus on its World Congresses and aims at a continuous improvement of congress quality. Since its establishment in 1999, following the merger of the International Rehabilitation Medicine Association (IRMA) and the International Federation of Physical and Rehabilitation Medicine (IFPM&R), ISPRM has arranged 7 biennial congresses that were organized and hosted by national societies. The congresses were held in Amsterdam (2001), Prague (2003), Sao Paulo (2005), Seoul (2007), Istanbul (2009), San Juan (2011) and Beijing (2013). From 2014 onwards the congresses will be held annually, starting in Cancun (2014), followed by Berlin (2015), Kuala Lumpur (2016) and Buenos Aires (2017).

Continuous improvement in the congresses of scientific societies is important, both in terms of scientific content as well as in organization and provision of opportunities for fruitful communication (1–4). On the one hand, this can be achieved by continuous and highly professional congress organization, such as by a professional congress organizer (PCO) and, on the other hand, by defining elements of the content of a congress and ensuring the highest possible quality of scientific and educational programming through supervision by a standing international scientific congress committee. Other factors may be the standardization of topics with high relevance in the field through inviting top researchers as lecturers and by systematic structuring of the educational programme and society meetings. Last, but not least, aspects of accessibility and the removal of barriers (including language barriers) are important, espe-

cially in a rehabilitation association. Central goals are to make ISPRM congresses more attractive to participants, and improve their profile (in a sense through “branding”).

In 2007, the presidents of the Beijing and Berlin congresses agreed to collaborate closely, both in terms of the quality of congresses and to ensure continuity in the congress topics and programme elements. This collaboration may be useful for the society as a whole and could stimulate further discussion and efforts to maintain and improve the level of the congresses. This paper provides an overview of the main elements regarded as crucial to achieve these goals and reports on the implementation of innovative congress elements in Beijing and Cancun, as well as on the principles of the structure of the Berlin congress. However, since the ISPRM has decided to organize their own congresses from 2016 onwards with a PCO, aspects of congress organization in this article play only a secondary role.

#### HISTORY AND AIMS OF ISPRM WORLD CONGRESSES

Since 2001, the ISPRM has organized 7 World Congresses in all World Areas (2001: Amsterdam, The Netherlands; 2003: Prague, Czech Republic; 2005: Sao Paulo, Brazil; 2007: Seoul, South Korea; 2009: Istanbul, Turkey; 2011: San Juan, Puerto Rico, and 2013: Beijing, China). Even the first congress in Amsterdam included papers and posters on all relevant topics of the specialty as well as satellite symposia. The number of participants grew from approximately 1,200 in 2001 to 4,150 in 2013. The participants come from more than 80 countries, and participation from lower income countries has been increasing continuously.

As the first 7 congresses have been organized largely by the hosting national societies, within the ISPRM scientific committee a more systematic approach to how to organize the World Congresses has been developed. On the one hand, this concept consisted of clear rules for the bidding process and the organizational structure (e.g. a barrier-free congress venue). On the other hand, the structure of collaborations (e.g. with other scientific societies or associations active in rehabilitation) and the scientific programme has been developed. Recently, the Executive Committee of the ISPRM has made important decisions that now step by step become reality and will give the ISPRM World congresses a clearer profile and continuity of the programme. The most important decisions were: (i) to develop a topic list that will cover all relevant topics or research to be used to structure abstract submission and scientific sessions (from 2013); (ii) to establish regular rotation of the congresses among the ISPRM world areas (Asia & Oceania; the Americas, Europe, Middle East & Africa) (from 2013); (iii) to establish a (permanent) scientific committee including experts from all ISPRM sub-areas and with expertise in all relevant scientific topics (from 2015); (iv) to collaborate continuously with a single PCO (from 2016).

In general, the following functions can be regarded as the main goals of ISPRM congresses:

- Science (improving science, data collection and research):

- presentation and discussion of recent research projects in Physical and Rehabilitation Medicine (PRM) and related fields;
- information about new trends in research and recent scientific results;
- international scientific cooperation.
- Education, training and capacity building (improving PRM services and care):
  - updating scientific evidence and best practice;
  - improving skills for clinical practice;
  - addressing young scientists’ and clinicians’ challenges and interests;
  - building capacity in the field of PRM and for the leadership within the society.
- Guidance and policies (improving concepts and strategies of PRM):
  - providing information and discussion of ISPRM’s activities as a non-governmental organization (NGO) in official relation with the WHO;
  - conceptualizing the specialty of PRM and discussing its position in the healthcare system;
  - increasing awareness of the PRM field among the general public and the medical community;
  - developing strategies to improve daily practice.
- Socializing (improving the society and other networks):
  - strengthening PRM societies;
  - networking among PRM doctors, scientists and health-related professionals;
  - enabling personal exchange and socializing.

Of course the contents must also reflect the 3 mandates of professional scientific organization, i.e. scientific, humanitarian and professional mandates (1–4). In order to avoid duplication of congresses, with the consequence of splitting the potential audience, ISPRM congresses should be organized jointly with the conferences of the regional and national PRM societies.

#### PROGRAMME DEVELOPMENT AND STANDARDS

##### *Scientific programme*

One of the main goals of programme development is to attain the highest possible scientific level. As a worldwide event, the programme should cover all relevant areas of research within the field of PRM. At the same time, it should enable continuity of communication between scientists worldwide, and thus should ensure that topics will be discussed in all of the congresses. This is of importance to facilitate continuous scientific cooperation among researchers and groups. To enable innovation it is important to include scientists from “neighbouring” fields in the programme, e.g. from relevant basic sciences, epidemiology, social sciences, etc. This will also make the programme attractive from the point of view of education, both for practitioners and for scientists. Here too, continuity is important to enable a continuous learning spiral with an upward trend. Finally, the programme should provide the hosting society an opportunity to present their ideas together with the scientific profiles of its country (or region).

These goals can be attained if the scientific programme regularly includes the following 2 main sections (Fig. 1).

*First section.* This should ensure continuous communication within the main areas of science in the field. This part is uniform in all ISPRM World Congresses and gives the ISPRM profile (*basic programme or common trunk*). It mainly contains original papers selected from the abstracts submitted according to the ISPRM topic list (5). Some invited lectures, mainly from PRM, may also be included. In this section, special interest groups can have space to organize their own sessions.

*Second section.* This goes into depth on topics of recent interest. This section provides the single congress with a specific (*individual*) profile (*sky-line programme*). This section mainly includes invited lectures, which should be given by the world’s top researchers and experts. It should also include speakers from outside PRM and have 2 main aims: to discuss new topics and induce innovation in the field, and to provide new information from neighbouring fields. This section may also include expertise from the hosting society or region.

In order to ensure that the first section includes papers from all scientific areas of PRM research, ISPRM has published a comprehensive list of topics that provides a structure for the grouping of abstracts (5, 6). This structure is based on the definition of human functioning and rehabilitation research that describes distinct field of PRM research in a two-dimensional framework, with the axes “from cell to society” and “from basic to clinical research” (Fig. 2) (7, 8). This model defines 5 main

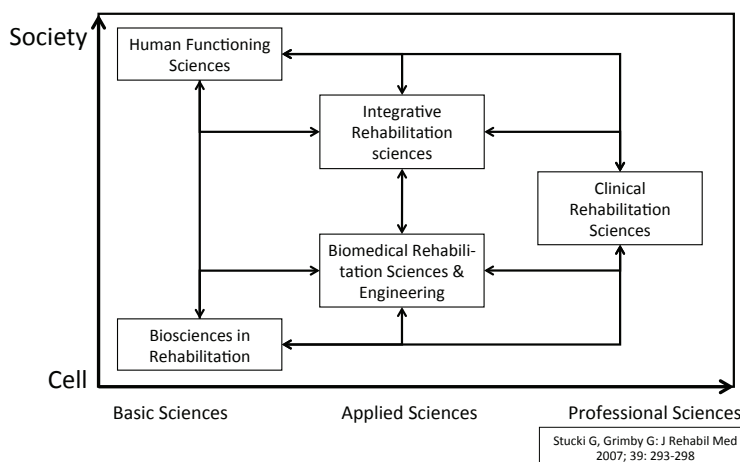


Fig. 2. Model of the field of human functioning and rehabilitation research (from Stucki et al. (7), modified).

areas of research and provides definitions based on the WHO model of human functioning, as follows (7):

- *Biosciences in Rehabilitation:* Basic sciences that 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.
- *Biomedical Rehabilitation Sciences and Engineering:* Applied sciences that study diagnostic measures and interventions including physical modalities to minimize impairment, control symptoms and optimize people’s capacity.
- *Clinical PRM Sciences:* clinical studies into best care with the goal of enabling people with health conditions experiencing or likely to experience disability to achieve and

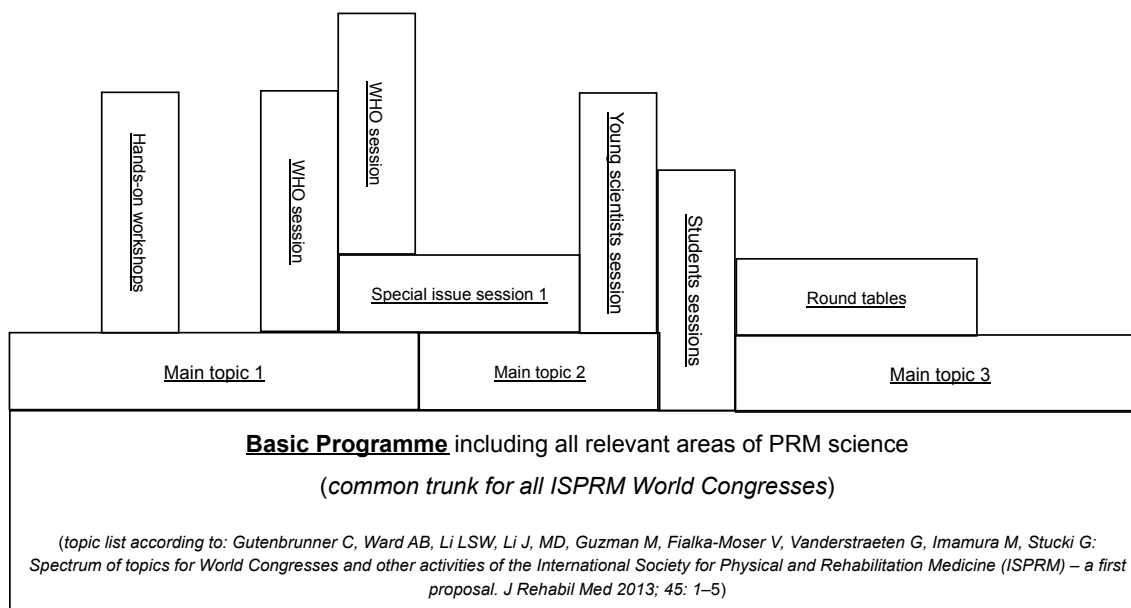


Fig. 1. Principles of the programme structure of the International Society of Physical and Rehabilitation Medicine’s (ISPRM’s) World Congresses.

maintain optimal functioning in interaction with their immediate environment. It includes 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.

- *Integrative Rehabilitation Sciences*: Studies about rehabilitation systems, services, comprehensive assessments and intervention programmes, which integrate biomedical, personal factors and environmental approaches suited to optimize people's performance.
- *Human Functioning Sciences*: Basic sciences from the comprehensive perspective that aim to understand human functioning and to identify targets for comprehensive interventions.

The ISPRM topic list is available as a comprehensive version and as a short list to be used for congress announcements (Table I) (5). For the abstract topic list, these research areas were grouped according to the proposals of congress streams, as proposed by Negrini et al. (9).

To ensure the highest possible scientific quality of both programme sections, ISPRM has decided to establish an ISPRM scientific committee to work continuously across a series of ISPRM World Congresses. The scientific committee should include experts from the main scientific fields of ISPRM. According to the policy of ISPRM as an international organization the committee should include members from all ISPRM world areas<sup>1</sup> (3, 4). In order to ensure a good regional balance 3 members of the committee should originate from each sub-area (resulting in a total of 27 members). Half of the committee should be renewed every 3 years.

In addition, a scientific programme committee will be established for each of the congresses. The responsibility of this committee is to design the "skyline programme" for the respective congress. As mentioned above, this part of the programme should include topics of recent interest and could provide space to innovate for the future of the specialty. These sessions will mainly include invited lectures, both from PRM specialists and experts from other fields.

The ISPRM scientific committee and the congress' scientific programme committee are also responsible for matching satellite symposia and workshops sponsored by the industry, and ISPRM satellite sessions, with the congress scientific programme, avoiding political, scientific and ethical bias. Both committees will scrutinize the scientific programme for possible conflicts of interest and ensure abstracts are published in a scientific peer-reviewed journal.

<sup>1</sup>The 3 ISPRM committees involved are:

- The ISPRM Congress Committee: a standing committee for the development of congress rules and standards.
- The ISPRM Scientific Committee: a standing committee with systematic rotation of positions for the contents and quality of the contents of the scientific congress programme (will be founded in 2014).
- The Scientific Programme Committees: nominated by the congress presidents and responsible for the set-up of the programme of a single congress.

Table I. Brief list of abstract topics for use in congress announcements (from Gutenbrunner et al. (5))

A.	Clinical Physical and Rehabilitation Medicine (PRM) Sciences
A.1.	Pain
A.2.	Musculoskeletal conditions
A.3.	Neurological and mental health conditions
A.4.	Internal medicine and other conditions
A.5.	Paediatrics
A.6.	Geriatrics
A.7.	Rehabilitation addressing specific issues
A.8.	Sports in rehabilitation and sports rehabilitation
A.9.	Social integration programmes and rehabilitation for specific purpose
A.10.	Miscellaneous
B.	Biosciences in PRM
B.1.	Mechanism of tissue injury and development of organ dysfunction
B.2.	Cell and tissue adaptation and maladaptation
B.3.	Biological mechanisms of interventions
B.4.	Miscellaneous
C.	Biomedical Rehabilitation Sciences and Engineering
C.1.	PRM diagnostics related to organ systems and body functions
C.2.	PRM interventions research
C.3.	Miscellaneous
D.	Integrative Rehabilitation Sciences
D.1.	Rehabilitation systems and services research
D.2.	Comprehensive rehabilitation intervention research
D.3.	Education and training in rehabilitation
D.4.	Rehabilitation management and administration
D.5.	Miscellaneous
E.	Human Functioning Sciences
E.1.	Theory and models of functioning
E.2.	Classification of functioning
E.3.	Measurement of functioning
E.4.	Functioning epidemiology
E.5.	Functioning impact assessment
E.6.	Ethical issues and human rights
E.7.	Miscellaneous

The congress president is represented in both committees. The chair or a member of ISPRM scientific committee, as well as the chair or a member of ISPRM congress committee, should be included in the congress scientific programme committee. This is to ensure synergy between both committees and compliance with ISPRM quality standards, without causing any harm to the activities of the congress scientific programme committee.

#### *Policy sessions and educational programme*

With regard to ISPRM's special role as an NGO in official relation with WHO, 1 plenary session should be organized to discuss a recent topic of the ISPRM-WHO liaison. In addition, parallel sessions on the topics of the relation may be implemented.

The educational programme should include:

- Seminars and hand-on workshops for practical skills.
- Best-practice sessions on clinical topics, including guidelines and best practice, as well as translational aspects of research.
- Education and training for young doctors.
- Sessions on continuous medical education and continuous professional development.

- Courses on practical skills in PRM.
- In order to cover a wide range of interests, other sessions should be included into the programme, e.g.
  - sessions in the 5 official WHO languages (Arabic, Chinese, French, Russian, Spanish) with topics of special interest;
  - collaborative sessions with other societies and partners of ISPRM (e.g. ISPO, RI and others);
  - satellites and breakfast/lunch symposia (e.g. in collaboration with industrial partners);
  - governance sessions (to be conceptualized);
  - and others.

In addition, it is planned to give young physicians (trainees or residents) and researchers (PhD students and others) as well as medical students the opportunity to organize their sessions or meetings. It is also recommended to provide sessions or workshops to discuss ISPRM issues with members and other interested persons.

#### *Society meetings*

In addition to the scientific aspects, educational parts of ISPRM World Congresses also serve as society meetings. This includes board meetings, assembly of delegates and assembly of individual members. Since much of the work of ISPRM is performed in committees and task forces, the workshops of these bodies are of major importance. A whole day prior to the congress should be reserved for these meetings.

#### ENVIRONMENTAL FACTORS AND ACCESSIBILITY

As mentioned above, accessibility is a major factor for inclusive congress organization. Accessibility requirements should be met by the congress organizer, and attitudinal barriers must be avoided at any cost. World Congresses are to be considered a role model for promoting enabling environments and peoples' participation.

Universal design principles should guide the selection of congress venues and the adaptation, if needed, of all congress facilities. Architectonic and attitudinal barrier-free environments should include virtual environments, such as the congress website and other virtual interfaces with congress participants. Accessibility requirements should include infrastructure, service provision, and congress staff/personnel. In addition, persons with all types of disabilities must be included, whether they result from mobility, visual or hearing impairments, or intellectual disabilities.

Of course other special needs (e.g. meals) and cultural requirements must be taken into consideration by the congress organizers. Finally, the structure of congress fees must enable participation of persons with low income (e.g. students, and participants from low-income countries).

With regard to language it might be appropriate to provide simultaneous translation to one or more local languages, in order to facilitate participation of PRM doctors from the region with lower level English language skills. Other ways of overcoming language barriers and increasing participation

could be the inclusion of sessions in the 5 WHO languages and allowing national societies to organize sessions on topics of special interest for their country in their own language. Such concepts need to be further developed and tested for feasibility, especially because the use of languages other than English might produce new barriers for participation.

#### BEIJING ACHIEVEMENTS

The 7<sup>th</sup> World Congress of the ISPRM was held on 16–20 June 2013 at the China National Convention Centre, Beijing, China. It was a catalyst for researchers and clinicians from all over the world to exchange research at the cutting edge of knowledge, at the frontiers of PRM. Starting with the motto “Enjoy the process of rehabilitation, enrich knowledge for rehabilitation professionals, enable a better quality of life for everyone”, the congress focused on the main goals of PRM, i.e. to empower persons with disabilities to enjoy an independent life and full participation, as well as to achieve an optimal quality of life. The scientific committee arranged a scientific and educational programme covering all aspects of PRM. Traditional Chinese medicine and alternative rehabilitation methods were also included.

The conceptual planning of the congress began with some new features that will become standard for future ISPRM World congresses. The most important were:

- Integrating participants from large world regions by providing simultaneous translation (Chinese-English) and organizing regional sessions (e.g. in Arabic and Spanish).
- Using the ISPRM topic list to structure the abstract submission and scientific sessions.
- Organizing a plenary WHO, including WHO representatives and discussion about the recent developments of WHO disability and rehabilitation activities and policy, as well as to provide specific sessions for the ISPRM-WHO-Liaison Committee work and rehabilitation disaster relief.
- Including other rehabilitation professionals in the programme in many different ways.
- In addition, new technologies were used to enhance scientific communication among participants, including smartphones, E-posters, QR codes, video recording, and simultaneous translation.

This concept attracted a high number of participants and led to an outstanding quality of scientific and educational programme. Thus, the congress made history in terms of the ISPRM World Congresses in many respects, including in the number of attendees, scientific sessions and exhibitors. Finally, the Trust Fund of the ISPRM provided almost 50,000 € to cover the registration fee of 212 participants from low-income countries.

#### CANCUN DEVELOPMENTS

The organizers of the 8<sup>th</sup> ISPRM World Congress in Cancun, Mexico, which was held on 1–5 June 2014, consistently devel-

oped the achievements of the Beijing congress, e.g. using the ISPRM topic list to structure the abstract submissions and to organize a plenary session with recent topics on collaboration with the WHO. It is the first congress with an annual interval, and thus shows a more dynamic work and communication within ISPRM. In addition, some new elements will be introduced. These are:

- Focus on multiprofessional team work in rehabilitation.
- Presenting new technologies in rehabilitation, both in sessions and the industrial exhibition.
- Supporting capacity building in rehabilitation through education and training.
- Involving young professionals and scientists throughout the programme.
- Collaborating with other NGOs and relevant stakeholders in the area of disability and rehabilitation.

One specific focus will be on the WHO Action plan “Better health for all people with disabilities 2014–2021”, which will be discussed in a plenary session and in special workshops.

### BERLIN PERSPECTIVES

The Berlin congress, which will be held on 19–23 June 2015, will be hosted by the German and Austrian Societies of Physical Medicine and Rehabilitation<sup>2</sup> ([www.isprm2015.org](http://www.isprm2015.org)). It will be organized in collaboration with the European Society of Physical Medicine and Rehabilitation (ESPRM), the European Academy

of Rehabilitation Medicine (EARM) and the PRM-Section and Board of the European Union of Medical Specialists (UEMS).

Based on the experiences of the Beijing congress, and according to the above-described principles as well as the ISPRM congress standards, the Berlin congress will be organized according to the following principles:

- Basic scientific programme according to the ISPRM topic list (5) with original papers and posters.
- A skyline programme with 8 topics of recent interest and a series of invited lectures.
- Quality assurance of the scientific programme by the newly established ISPRM scientific committee.
- Sessions about topics of ISPRM-WHO collaboration.
- Educational programme with best practice sessions and a great variety of hands-on workshops.
- Application for CME/CPD-credits from the European Accreditation Committee for Continuous Medical Education (EACCME), which has an agreement of mutual recognition of credits with the American Medical Association.
- Inclusion of neighbouring scientific and professional organizations.
- Organization in close collaboration with the European PRM bodies.

<sup>2</sup>Deutsche Gesellschaft für Physikalische Medizin und Rehabilitation (DGPMR), Österreichische Gesellschaft für Physikalische Medizin und Rehabilitation (ÖGPMR).

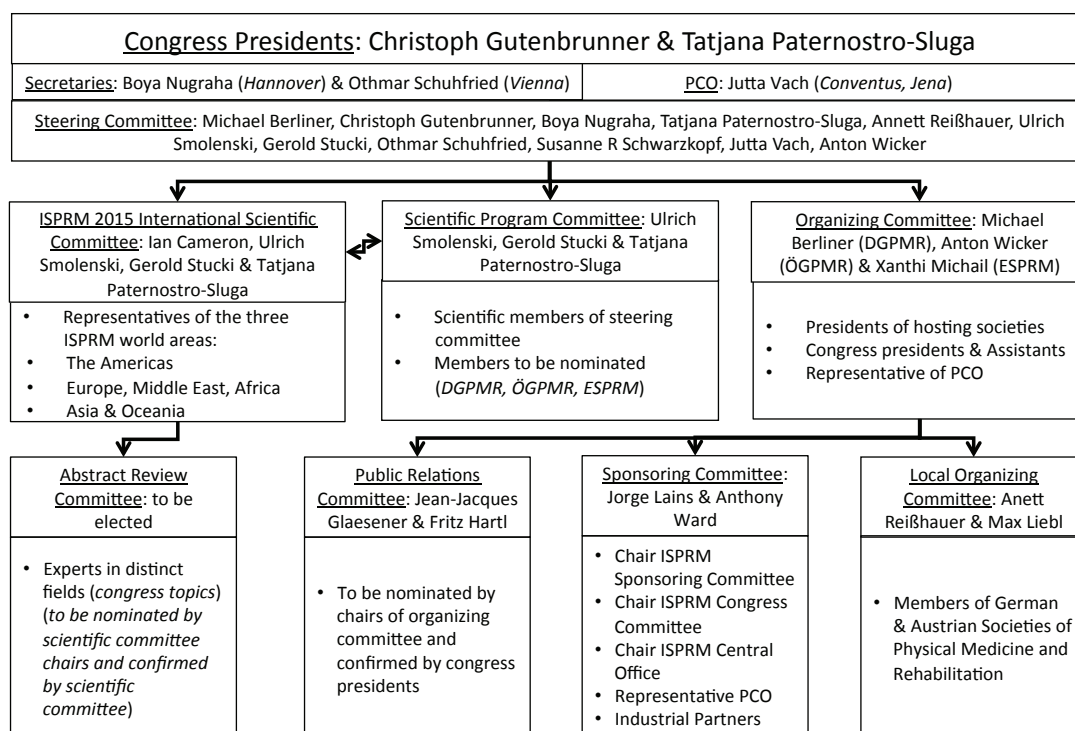


Fig. 3. Organizational structure of the 9<sup>th</sup> World Congress of the International Society of Physical and Rehabilitation Medicine (ISPRM), Berlin 2015. PCO: professional congress organizer.

- Organizing forums for medical students, young scientists and doctors.
- Space for workshops of all ISPRM committees and task forces.

In order to achieve a high standard, an organizational structure has been established that ensures that all aspects will be covered by committees or working groups (Fig. 3). The programme structure, with tracks, special issue sessions and workshops that include all elements of the programme as described above, is shown in Fig. 4.

The main topics chosen for the skyline programme are as follows:

- Rehabilitation as a comprehensive health strategy.
- Where are we: 14 years after ICF, 9 years after the UN Convention, 4 years after the World Report, 2 years after the WHA disability resolution, and 1 year after the WHO action plan.
- Genetic and molecular mechanism in Rehabilitation Medicine.
- Neuronal reorganization.
- Technology enhanced functioning.
- Best-practice models in Physical and Rehabilitation Medicine.
- “Culture matters” in rehabilitation.
- Return-to-work and vocational rehabilitation.

In order to broaden the spectrum of topics, collaborative sessions with other societies of neighbouring fields will be organized, e.g. the International Society for Prosthetics and Orthotics, Rehabilitation International, the German Society for Rehabilitation Research<sup>3</sup> and others. Additional highlights of the programme will be:

- A plenary session about the collaboration of ISPRM with the WHO.
- Special issue sessions, e.g. about rehabilitation after natural disasters, nanotechnology, pension issues and others.
- National society interest sessions (with optional translation into WHO official languages).
- One or 2 session organized by medical students and meetings of young doctors and scientists.
- Multi-professional sessions with other rehabilitation professionals.
- And others.

All in all, the Berlin congress organizers will try to realize all principles for the ISPRM congresses that have been developed within the last decade. The organizers are aiming for a congress at the highest possible scientific level, discussion of recent topics, innovation, educational elements, policy discussions and capacity building. Of course communication and

socializing, as well as an inclusive environment, will be other goals of congress organization. As the congress organization is still in its conceptual phase, ideas and critical remarks are very much welcomed.

## SUMMARY AND OUTLOOK

In conclusion, this article highlights the importance of the World Congresses of ISPRM for the goals of the society. This includes scientific, educational, capacity building, guidance and policy as well as social elements. Moreover, the industry, and especially our patients’ viewpoints, should be taken into account to cover all possible bases and prevent bias.

Beyond scientific update, scientific congresses’ should contribute good management practices in care and service provision. In the fields of diagnosis and treatment, they should strengthen control and assessment mechanisms, which are applied to new interventions, such as those enabled by the use of new technologies.

On the basis of experience gained from previous congresses and conceptual reflections, clear concept principles for congresses have been devised and set out here. The congresses in Beijing began, and the Cancun and Berlin congresses will continue, to implement these principles. Some cornerstones are the use of the ISPRM topic list to structure the basic scientific programme, to establish an ISPRM scientific committee with expertise in all areas of the content and members from all ISPRM world areas, the additional skyline programme with topics of recent interest, the implementation of sessions about WHO-related topics, collaboration with other associations, and an extensive educational programme. In addition, actions will be implemented to remove barriers, both physical and language, to congress participation.

This article will contribute to the development of a clear structure and provide a starting point for branding of ISPRM World congresses. It aims at a continuity of communication, establishment of the highest possible scientific level, and the inclusion of educational, policy development and social elements. It is expected that the concepts described here will be used for future ISPRM World Congresses and, at the same time, further developed and refined.

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<sup>3</sup>Deutsche Gesellschaft für Rehabilitationswissenschaften (DGRW).

		Thursday, June 18th, 2015				Friday, June 19th, 2015				Saturday, June 20th, 2015										
		ISPRM committee meetings		Satellite symposia	Hands on seminar	Hands on seminar	Educational course	Educational course	Main topic 1: WHO and international relations plenary session: Where are we: 4 years after World Report, 9 years after UN Convention, 14 years after ICF	Breakfast seminars 1 & 2										
		ISPRM committee meetings	Satellite symposia	Hands on seminar	Hands on seminar	Educational course	Educational course	Main topic 1: Biomolecular Research	ISPRM topics A.1	ISPRM topics A.7.2	ISPRM topics C.1	WHO-LC: CBR session	National societies special interest session (1)							
		ISPRM committee meetings	Satellite symposia	Hands on seminar	Hands on seminar	ISPRM General Assembly (1)		Main topic 3: Rehabilitation as a comprehensive Health Strategy	ISPRM topics A.3	ISPRM topics A.7.3	ISPRM topics A.2	ISPRM topics C.2	National societies special interest session (2)							
		ISPRM Presidents Cabinet	Satellite symposia	Hands on seminar	Hands on seminar	ISPRM topics A.3		WHO-LC: Developing Med Rehabil-session	ISPRM topics C.x	Hands on seminar	Hands on seminar	Collaboration partners special interest session (1): RI								
18:00		ISPRM Executive Committee																		
19:30		Opening ceremony																		
		Sunday, June 21 <sup>st</sup> , 2015				Monday, June 22 <sup>nd</sup> , 2015				Tuesday, June 23 <sup>rd</sup> , 2015										
		Breakfast seminars 3 & 4				Breakfast seminars 5 & 6				Breakfast seminars 7 & 8										
9:00 – 10:30		Main topic 4: Best Practice Models in Physical and Rehabilitation Medicine																		
11:00 – 12:30		ISPRM topics A.4	ISPRM topics A.7.x	ISPRM topics D.1	WHO-LC: ICF-session	Young scientist session	Collaboration Partners special interest session (2): DGUV	ISPRM topics A.6	ISPRM topics B	ISPRM topics E	Internal medical student session	Hands on seminar	WHO-LC: IPSCI-Implementation	Collaboration partner special interest session (3)	Main topic 9: "Culture matters" in Rehabilitation	ISPRM topics A	ISPRM topics A.7.x	Rehabilitation disorders relief	Round table: Team work in Rehabilitation	
Lunch		Lunch seminars 3 & 4																		
14:00 – 15:30		Main topic 5: Technology Enhanced Functioning (in collaboration with ISPO)	ISPRM topics A.5	ISPRM topics A.7.x	Hands on seminar	National societies special interest session (3)	Main topic Z: Re-turn-to-Work Vocational Rehabilitation	ISPRM topics A.7.x	ISPRM topics D.3	International medical student session	Hands on seminar	ISPRM topics E	ISPRM topics A.7.x	ISPRM topics D.3	ISPRM topics A.7.x	ISPRM topics A	ISPRM topics A.7.x	ISPRM topics A.7.x	Sydney Licht Lecture	Closing ceremony
16:00 – 17:30		ISPRM topics A.7.x	Collaboration partner special interest session (4)	Collaboration partner special interest session (5)	National societies special interest session (4)	National societies special interest session (5)	ISPRM topics A	ISPRM topics A.7.x	ISPRM topics D.3	ISPRM topics E	Round table: PRM Curriculum	ISPRM topics E	ISPRM topics A.7.x	ISPRM topics A.7.x	ISPRM topics A.7.x	ISPRM topics A.7.x	ISPRM topics A.7.x	ISPRM topics A.7.x	Excursion to rehabilitation centers	Excursions to company health management
19:30		Presidents dinner				Gala dinner				Gala dinner										

Fig. 4. For legend see next page. CBR: Community Based Rehabilitation; IPSCI: International Perspectives on Spinal Cord Injury; DGUV: Deutsche Gesetzliche Unfallversicherung; LC: Liaison Committee; ICF: International Classification of Functioning; ISPO: International Society for Prosthetics and Orthotics; x: an open number which can be filled in according to ISPRM abstract topic list (Gutenbrunner et al., (5)).



*Fig. 4.* Draft programme of the 9<sup>th</sup> World Congress of the International Society of Physical and Rehabilitation Medicine (ISPRM) Berlin 2015 (list of topics: 1A. Clinical PRM Sciences: A.1 Pain; A.2 Musculoskeletal conditions; A.3 Neurological and mental health conditions; A.4 Internal medicine and other conditions; A.5 Paediatrics; A.6 Geriatrics; A.7 Rehabilitation addressing specific issues; A.8 Sports in rehabilitation and sports rehabilitation; A.9 Social integration programmes and rehabilitation for specific purposes. B. Biosciences in Rehabilitation: B.1 Mechanism of tissue injury and development of organ dysfunction; B.2 Cell and tissue adaptation and maladaptation; B.3 Biological mechanisms of interventions. C. Biomedical Rehabilitation Sciences and Engineering: C.1 PRM diagnostics related to organ systems and body functions; C.2 PRM interventions research. D. Integrative Rehabilitation Sciences: D.1 Rehabilitation systems and services research; D.2 Comprehensive rehabilitation intervention research; D.3 Education and training in rehabilitation; D.4 Rehabilitation management and administration. E. Human Functioning Sciences: E.1 Theory and models of functioning; E.2 Classification of functioning; E.3 Measurement of functioning; E.4 Functioning epidemiology; E.5 Functioning impact assessment E.6 Ethical issues and human rights). UN: United Nations; ICF: International Classification of Functioning, Disability and Health; WHO: World Health Organization.

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