Sir,

Scientific congresses are instrumental to the dissemination of knowledge and the advancement of science; new research is presented, new ideas are discussed and collaborations established.

When organizing a scientific congress, one of the key challenges is the development of a structure that is attractive to a wide range of participants and that, at the same time, will ensure comprehensive coverage of all relevant topics. Beyond their doubtless success, looking critically at the last national and international Physical and Rehabilitation Medicine (PRM) meetings from the perspective of planning the next European Congress of PRM in Venice in 2010, it becomes clear that we are moving towards new organizational approaches.

PRM meetings must cover the breadth of our specialty (1–3), ranging "from the cell to the society" (4). The specialty covers, or is related to, not only a wide range of clinical areas, but also basic and applied sciences, both from the biomedical and integrative perspective. This spectrum of PRM as a whole is particularly relevant to academic chairs, heads of large departments and trainees.

However, PRM meetings must also cover the interests of the many PRM physicians who are specialized in particular clinical areas pertinent to the current organization of multidisciplinary service and care provision. An example is the specialization in neurological conditions or even stroke or spinal cord injury (2, 3, 5).

The representation of both perspectives is essential for congresses to become attractive to both "generalists" and "specialists" as well as more research-oriented vs clinically-oriented audiences. The proposed structure for how to organize human functioning and rehabilitation research published by Stucki and co-workers (4, 6, 7) in the Journal of Rehabilitation Medicine can serve as a starting point for developing a common structure of congresses that addresses these issues. The proposed framework comprehensively covers the following aspects: all relevant domains for PRM; both clinical sciences as well as relevant applied and basic sciences; the 2 main aspects of our specialty, i.e. the biomedical and the integrative perspectives relevant to Physical Medicine and Rehabilitation Medicine, respectively.

Based on the framework, it is suggested that future congresses should develop tracks with respect to the clinical or professional sciences and tracks for the applied and basic sciences.

With regard to the specification of the tracks for the clinical sciences, it is suggested to use broad areas that reflect both service and care provision in clinical reality as well as current concepts linking the International Classification of Functioning, Disability and Health (ICF) to clinical conditions (8). It is therefore conceivable that tracks would be developed in relation to the main clinical areas (Table I). These would include:

- health condition-oriented PRM for musculoskeletal, neurological and internal medicine conditions, as well as pain disorders;
- personal factor-oriented PRM in pediatrics, geriatrics and sports medicine;
- environmental factor-oriented PRM in health resort programmes;
- intervention-oriented PRM, such as manual medicine;
- socio-economically-oriented PRM, such as social integration programmes.

With regard to the specification of the tracks for the applied and basic sciences, it is suggested that tracks from the biomedical and the integrative perspective are developed (Table I). To be attractive not only to postgraduate researchers, but also the clinical audience, they should include a

<table>
<thead>
<tr>
<th>Clinical tracks</th>
<th>Musculoskeletal conditions*; Manual medicine*; Pain disorders*; Sports*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biomedical track</td>
<td>Biosciences in Rehabilitation; Biomedical Rehabilitation Sciences &amp; Engineering</td>
</tr>
<tr>
<td>Integrative track</td>
<td>Human Functioning Sciences; Integrative Rehabilitation Sciences</td>
</tr>
<tr>
<td>Workshop track</td>
<td>PRM diagnostics and assessment; PRM interventions and programmes</td>
</tr>
<tr>
<td>Golden track (integrated)</td>
<td>Sequence of state-of-the-art lectures across tracks</td>
</tr>
</tbody>
</table>

*Subsequently organized short tracks. Depending on the number of abstract submissions, short tracks can be expanded to full tracks. PRM: Physical and Rehabilitation Medicine.
number of state-of-the-art lectures, e.g. on plasticity or the current understanding of participation. These lectures could be organized as golden tracks in a suitable sequence connecting all tracks and allowing participants to develop an overall and up-to-date understanding of PRM (Fig. 1). The topic lists presented in the joint letter by Gutenbrunner et al. (10) details the contents suggested here.

While applying this model to the next European Society of Physical and Rehabilitation Medicine (ESPRM) meeting in Venice in 2010, we would like to open a debate in the scientific PRM community to receive more suggestions and ideas.

REFERENCES


Submitted December 22, 2008; accepted January 16, 2009

Stefano Negrini, MD1*, Jan D. Reinhardt, PhD2,3, Gerold Stucki, MD, MS4,5 and Alessandro Giustini MD, PhD6
From the 1Italian Scientific Spine Institute (ISICO), Via R. Bellarmino 13/1, 20121 Milan, Italy, 2Swiss Paraplegic Research, Nottwil, 3Faculty of Cultural and Social Sciences, University of Lucerne, Lucerne, Switzerland, 4Department of Physical and Rehabilitation Medicine, Munich University Hospital, 5ICF Research Branch of WHO FIC CC (DIMDI), Institute of Health and Rehabilitation Sciences, Ludwig Maximilian University, Munich, Germany and 6Rehabilitation Hospital San Pancrazio, Santo Stefano Group, Arco (Trento), Italy. *E-mail: stefano.negrini@isico.it