

LETTER TO THE EDITOR

FROM BRUGES TO VENICE 1: TOWARDS A COMMON STRUCTURE FOR INTERNATIONAL PHYSICAL AND REHABILITATION MEDICINE CONGRESSES

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 speciality 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 multi-disciplinary 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 struc-

ture 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 paediatrics, 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 I. The 5 tracks shown here serve as an example representing an envisioned “minimal programme” of future international congresses. The granularity could be increased in relation to the size of a congress

Clinical tracks	Musculoskeletal conditions*; Manual medicine*; Pain disorders*; Sports* Neurological and mental conditions Internal medicine conditions Paediatrics*; Geriatrics*; Social integration*; Health resort programmes*
Biomedical track	Biosciences in Rehabilitation; Biomedical Rehabilitation Sciences & Engineering
Integrative track	Human Functioning Sciences; Integrative Rehabilitation Sciences
Workshop track	PRM diagnostics and assessment; PRM interventions and programmes
Golden track (integrated)	Sequence of state-of-the-art lectures across tracks

*Subsequently organized short tracks. Depending on the number of abstract submissions, short tracks can be expanded to full tracks.
PRM: Physical and Rehabilitation Medicine.

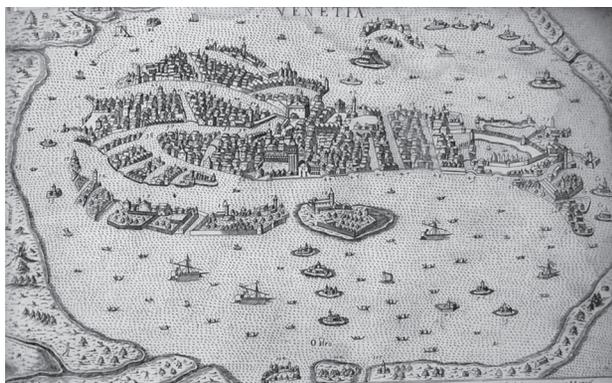


Fig. 1. The envisioned tracks of the Physical and Rehabilitation Medicine European Congress in 2010 in Venice are symbolized by an historical picture of Venice. The clinical tracks are represented by the canals, the basic and applied sciences tracks are symbolized by the lagoon around the city. The Grand Canal represents the golden track connecting all canals and the lagoon. Published with permission from the National Library of Israel (9).

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.

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Submitted December 22, 2008; accepted January 16, 2009

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