



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES  
EUROPEAN UNION OF MEDICAL SPECIALISTS

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## PHYSICAL MEDICINE AND REHABILITATION

### **Current Issues**

The activities of the European PRM Section are organised within its three Committees.

#### **Clinical Affairs Committee:**

This committee chaired by Pr Bengt Sjölund, will set up standards for quality of care in PRM.

For medical standards, the program content should be specified as to the core elements of the rehabilitation process including the minimum staff qualifications and equipments, the mode of operation, the minimum treatment volume/patient/day, the minimum duration of program, the inclusion and discharge criteria, the formulation of an individual rehab plan with clear goals, time frames and responsible persons defined, endorsed by the patient/next of kin and an individual discharge plan with similar specifications. This work will be performed in cooperation with European disabled associations.

#### **Professional Practice Committee:**

This committee chaired by Pr Christoph Gutenbrunner has decided to write a new White Book, that should enclose the following chapters, definition of PRM, epidemiology (chronic diseases, ageing, social costs), the ICF-model, principles of rehabilitation (including rehab team, rehab process), competencies of the speciality, education and training (pre- and postgraduate), clinical context, pathologies and conditions, diagnostics and evaluation, interventions (modalities, drugs, and others), ethical aspects, human rights, the social system (right of rehabilitation etc), visions.

#### **Education Committee, Board**

This committee chaired by Pr Guy Vanderstraeten, is in charge of the Board Certification.

Out of the 41 candidates who took the last examination in November 2003, 37 succeeded. Six rehabilitation Centres have been accredited in 2003 and three have been reaccredited for four years. New rules have been adopted for the accreditation by equivalence. The dead line is for this process is the end of 2004. Special rules will be adopted for new coming countries.

### **European Council of PRM**

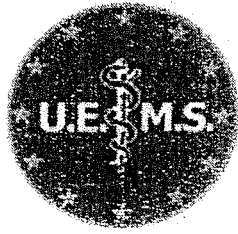
The European PRM Section has developed a cooperation with the two other European PRM bodies, the European Society of PRM and the European Academy of Rehabilitation.

These three PRM European Bodies have met together European bodies and will run cooperation with them.

Cooperation with the **European Neuro-Muscular Centre (ENMC)**, this could be assumed within different fields:

initial and continuing medical education,

the ENMC is running for 7 years a summer school on myology. This high level teaching program in English delivers the scientific and management knowledge on muscular dystrophies to trainees and senior MD from all over the world countries. Most of the trainees are PRM.MD. The European PRM Bodies could spread the information on this teaching program. A PRM European trainee, selected by the European Board could be



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invited each year by the ENMC. An application for a European grant could be supported both by the European PRM bodies and the ENMC in order to have more financial support from EU to support PRM trainees mobility. PRM senior MD that will attend this summer school could be referent for these pathologies in their countries.

quality of care,

referral centres: the ENMC is initiating in different countries, referral centres for muscular dystrophy patients. The organisation of these referral centres could become a model at an European level.

Guidelines for the treatment of muscular dystrophy patients have been set up by the ENMC. These guidelines could be spread within Europe thanks to the PRM European networks.

Monographs on these topics could be edited and distributed by the European PRM organisations with the support of the ENMC.

research,

a partnership between the ENMC and the European PRM organisations could prepare applications for European grants for research programs such as multi centres clinical trials.

The topics should be for example standards measurements in muscular dystrophy.

Cooperation with the **Employment and Social Affairs DG Integration of People with Disabilities, European Commission, Brussels, Belgium**

[http://europa.eu.int/comm/employment\\_social/index\\_fr.html](http://europa.eu.int/comm/employment_social/index_fr.html)

for the development of standards of health care in the field of PRM.

Cooperation with the **Department of Health and of the Partial Agreement in the Social and Public Health Field, coordination for rehabilitation and integration of disabled persons. Council of Europe, Strasbourg, France**

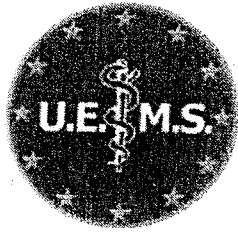
<http://www.coe.int>

for the development of an interaction concerning human rights issues in the field of PRM.

### **CME Update**

The Board has accepted having "time-limited certification". This means that a re-certification process will therefore become mandatory over time (10 years). The introduction of voluntary re-certification through active continuing medical education and professional development (CME/CPD) as currently exists commences this process. The general assembly needs to support Nicholas Christodoulou who leads CME/CPD in the difficult tasks of implementing these requirements.

It is hoped in the near future that a European College of Physical and Rehabilitation Medicine will be established either as a virtual college or in a physical location or both with all certified specialists as members. Such a college would then play a significant role in the education and training process throughout Europe.



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## Innovation

### Posture and movement analysis

is one of the major priorities for Physical and Rehabilitation Medicine (PRM). New tools and methods to quantify posture and movement have been developed over recent years. Knowledge of these new tools and methods is indispensable in analysing problems of standing, walking, reaching and grasping, in order to prescribe and evaluate rehabilitation programmes, orthotics and prosthetics, functional surgery.

It's why the European Board of PRM has supported the European School Marseille on posture and movement analysis. The European School Marseilles has highlighted the latest advances in physiology of posture and movement, reviewed new tools and new methods in laboratory and clinical evaluation of posture and movement and ambulatory monitoring of mobility. Clinicians have covered the results of posture and movement evaluation in diseases of the nervous and the musculoskeletal systems.

### Management of spasticity - AB.Ward

The European Board has also been involved in training courses on the management of spasticity, which are held in the North Staffordshire Rehabilitation Centre, Stoke on Trent, UK. Three basic and five advanced workshops take place every year and adopt a practical approach to patient assessment and management. Basic courses also go into the theoretical basis of the pathophysiology of spasticity and take the delegates into the range of physical and pharmacological treatments available. Advanced workshops go into patient management with botulinum toxin and other chemo-denervation treatments. Both show patient profiles for discussion among the group, which is intentionally kept to a maximum of 12 people. The emphasis is on patient management and actual patients are presented in the latter half of each workshop for assessment by the group. Botulinum toxin and phenol injections are demonstrated and delegates feedback their experience with questionnaires and by e-mail. The response has been favourable with comments of excellent and relevant to clinical practice.

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