

## Annual General Meetings

### Australian Society for the Study of Brain Impairment (ASSBI) Presidential Address

Thursday 17 May 2012 | 5.00pm - 5.45pm | Room: Plenary 2

### Australian Society for the Study of Brain Impairment (ASSBI) Annual General Meeting

Thursday 17 May 2012 | 5.45pm - 6.30pm | Room: Plenary 2

### World Federation for NeuroRehabilitation (WFNR) General Assembly

Friday 18 May 2012 | 5.00pm - 6.00pm | Room: Plenary 2

### Australasian Faculty of Rehabilitation Medicine (AFRM) Annual Members Meeting

Friday 18 May 2012 | 5.00pm - 6.30pm | Rooms 105 & 106

## Special Interest Group (SIG) Meetings

### AFRM SIG Meetings | Room 103

	Thursday 17 May	Friday 18 May	Saturday 19 May
12.30pm - 1.15pm	AFRM Spinal Cord Injury SIG Annual Members Meeting	AFRM Neurorehabilitation SIG Annual Members Meeting	AFRM ICF SIG Annual Members Meeting

### WFNR SIG Meetings | Room 104

8.00am - 9.30am	<b>Neuropathic Pain</b> Chair: Martin Grabois	<b>Early Rehabilitation</b> Chair: Heinrich Binder	<b>Clinical Pathways</b> Chair: Thomas Platz
9.30am - 11.00am	<b>Ethics in Neurorehabilitation</b> Chair: Sabahat Asim Wasti	<b>Paediatric Neurorehabilitation</b> Chair: Ed Dabrowski	<b>Young Neurologists</b> Chair: Tissa Wijeratne
11.00am - 12.30pm	<b>Robotics</b> Chair: Hermano Igo Krebs	<b>Measurement, Assessment &amp; Classification (MAC)</b> Chair: Matilde Leonardi	<b>*EFNRS Board Meeting</b> Chair: Heinrich Binder
12.30pm - 2.00pm	<b>Neuropsychological Rehabilitation</b> Chair: Robyn Tate	<b>Dysphagia</b> Chair: Kay Coombes	<b>European Delegates Meeting</b> Chair: Anthony Ward
2.00pm - 3.30pm	<b>Spina Bifida &amp; Hydrocephalus</b> Chair: Mario Patricolo	<b>Mild &amp; Severe Brain Injury</b> Chair: Caterina Pistarini	<b>Spinal Cord Injury</b> Chair: Heinrich Binder
3.30pm - 5.00pm	<b>Telerehabilitation</b> Chair: Paolo Tonin	<b>Cognitive Neurorehabilitation</b> Chairs: Stephanie Clarke & Gilles Rode	
5.00pm - 6.30pm	<b>Neurologic Music Therapy</b> Chair: Michael Thaut		<b>*European Federation of Rehabilitation Societies</b>

*Special Interest Group (SIG) Meeting Overviews ►*

## Special Interest Group (SIG) Meeting Overviews

### Neuropathic Pain

The WFNR Neuropathic Pain SIG is led by Dr Martin Grabois. The meeting in Melbourne will focus on Neuropathic Pain in Selected Rehabilitation Diagnoses.

### Ethics in Neurorehabilitation

Ethical considerations in Neurorehabilitation are of huge significance. The task of the Ethics SIG is to debate ethical issues and develop guidelines for handling ethically complex clinical and research scenarios. Our symposium in this congress aims is to highlight these objectives. *(Or join us at our SIG meeting and / or symposium and contribute to our objectives).*

### Robotics

The goal of the meeting is to take stock of what has been achieved since the 6th WCNR and discuss future steps. These last 2 years have brought us some recognition and “soul searching.” The 2010 guidelines for stroke care of the American Heart Association and the 2010 guidelines of the Veterans Administration endorsed the use of robotic technology for the upper extremity (UE), but not for the lower extremity (LE) post-stroke rehabilitation. Since publication of the LEAPS study, there are significant and valid questions on past efforts in LE robotics. The goal of this SIG is to create a forum for discussion on how to pursue superior results for the LE and how to augment the rehabilitative potential of the UE robotics.

### References

1. EL MILLER, L MURRAY, L RICHARDS, RD ZOROWITZ, T BAKAS, P CLARK, SA BILLINGER  
*Nursing American Heart Association Council on Cardiovascular, and Council the Stroke, 'Comprehensive Overview of Nursing and Interdisciplinary Rehabilitation Care of the Stroke Patient: A Scientific Statement from the American Heart Association', Stroke, 41 (2010), 2402-48.*
2. *Group Management of Stroke Rehabilitation Working, 'Va/Dod Clinical Practice Guideline for the Management of Stroke Rehabilitation', J Rehabil Res Dev, 47 (2010), 1-43.*

3. PW DUNCAN, KJ SULLIVAN, AL BEHRMAN, SP AZEN, SS WU, SE NADEAU, BH DOBKIN, DK ROSE, JK TILSON, S CEN, SK HAYDEN and LEAPS INVESTIGATIVE TEAM  
*'Body-Weight-Supported Treadmill Rehabilitation after Stroke', N Engl J Med, 364 (2011), 2026-36.*
4. BH DOBKIN, PW DUNCAN  
*'Should Body Weigh-Supported Treadmill Training and Robotic-Assistive Steppers for Locomotor Training Trot Back to the Starting Gate?,' Neurorehabilitation and Neural Repair (EPUB – ahead of publication).*

### Neuropsychological Rehabilitation

The SIG in Neuropsychological Rehabilitation, (Chair: Barbara Wilson; Secretary: Robyn Tate), was formalized within WFNR in 2008.

We are a group of clinical practitioners and researchers in neuropsychological rehabilitation and membership is open to any interested person. The main SIG activity is the 2-day conference, held annually in different countries.

### Spina Bifida and Hydrocephalus

The Business Meeting of the Special Interest Group (SIG): Spina Bifida and Hydrocephalus Panel (SBHP) of the World Federation of Neurorehabilitation (WFNR), will be an opportunity for the Board and Honorary Members of the SIG to discuss the state-of-the art of the Panel and its future plans. This meeting will follow on from Wednesday's Pre Congress Workshop: *Integrated Management of Spina Bifida and Hydrocephalus*. During the Business Meeting, participating Clinicians will also outline a schedule of future meetings.

### Telerehabilitation

There is limited governmental awareness of the usefulness and efficacy of telerehab. The cooperation of all interested researchers to develop guidelines applicable countrywide and to take on an active role in the debate on e-health policy, is necessary. The aim of this SIG is to be a sharing point for experiences and proposals on these issues.

## Special Interest Group (SIG) Meeting Overviews

### Neurologic Music Therapy

The SIG-Meeting Neurologic Music Therapy will provide important information and updates about new research developments and current clinical practice in NMT. Furthermore the SIG will discuss current and future training and certification standards for Neurologic Music Therapy and the role the SIG and WFRN can play.

### Early Rehabilitation

Early rehabilitation is a grey area of neurology that raises questions such as which disease and which symptoms need early rehabilitation and at what point can rehabilitation potential and prognosis be estimated. This meeting will address the definition of requirements concerning knowledge and skills as well as the resources necessary for early rehabilitation.

### Paediatric Neurorehabilitation

Gery Colombo, co- owner of Hocoma, will present, both from his engineering background and his manufacturing perspective, a vision of the current and future use of robotics in Pediatric Neurorehabilitation. An open discussion on the future of the SIG will follow. We trust we can share ideas and set the stage for networking and future collaborations.

### Measurement, Assessment and Classification (MAC)

The scope of SIG-MAC is to implement the knowledge and use of WHO ICF Classification and ICF-based neurorehabilitation assessments and measurements tools, with outcomes of rehabilitation, performance and participation evaluation the main focus. SIG-MAC bridges the gap between theory, research and clinical applications of ICF classification, its related instruments and evaluates links between neurorehabilitation assessments instruments and ICF domains so as to improve global rehabilitation practices and outcomes.

### Dysphagia

The WFNR dysphagia SIG promotes interdisciplinary discussion of all aspects of assessment, treatment and management of dysphagia associated with neurological conditions. It is a developing group and aims to foster networking between individuals and institutions.

### Mild & Severe Brain Injury

The BI SIG Meeting will focus on three main issues and challenges: measure, new means and comorbidities. The correct application of measurement tools (scales, exams) and the new therapeutic means (robotics, brain stimulation) together with the proper therapy of comorbidities may help to a better result in therapy and research. Mild and Severe Brain Injury SIG Program (90 minutes).

#### A) *To measure Mild and Severe BI: Issues and challenges in treatment and research* (25 minutes)

Many neurobehavioural, disability or outcome scales, together with imaging and neurophysiological exams, are used in the assessment of Mild and Severe BI although often misapplied or misused. We propose an overview with the intention to punctuate the power, issues and defined utility of these assessment tools.

#### B) *Evaluation of new therapeutical means and research approaches for TBI* (25 minutes)

We will describe and discuss the new means used in the therapy and research of the BI field and particular attention will be focused on issues and perspectives of robotics, surgery (DBS) and neurophysiology (tDCS, TMS, etc) which are now broadly used both in the acute and in the chronic treatment phase.

#### C) *How to consider comorbidities in the treatment of TBI* (25 minutes)

In the third part of the meeting the Comorbidities in a BI patient will be considered. They may highly vary depending on multiple variables such the phase of the disease (acute and chronic) and age (child, young/adult and elderly): we will expose and delineate difficulties that may arise in the therapies of BI.

#### *Discussion with the audience* (15 minutes)

### Cognitive Neurorehabilitation

The aim of this SIG is to promote an integrated approach to cognitive disorders focusing on cognitive interventions from the acute to chronic stages, including clinical and biomedical evaluations, indications for behavioural and pharmacological treatments, and evidence-based approach to treatment of cognitive disorders.

Offer of teaching courses, with special intention for physicians; from introductory to advanced courses.

## Special Interest Group (SIG) Meeting Overviews

### Clinical Pathways

The Special Interest Group is open to everybody who has an interest in the topic of organising neurorehabilitation care systematically in such a way that best practice can be achieved. Clinical pathways can support the goal of systematically implementing best practice: A clinical pathway is a multidisciplinary management tool based on evidence-based practice for a specific group of patients, in which the different interventions by the professionals involved in the patient care are defined, optimized and sequenced and outcomes are tied to specific interventions. The Special Interest Group intends to provide support for clinical decision making (eg by distributing news about evidence that is relevant for clinical decision making). Everybody who has an interest is welcome.

### Young Neurologists (YNT)

#### *Botulinum Toxin in Post Stroke Spasticity:*

#### *Practical Management Issues for young neurologists and trainees*

Since rehabilitation medicine developed as a medical subspecialty and treatment options for neurological disorders have expanded, neurologists are more involved in the practice of rehabilitation.

Despite improvements in prevention and acute management stroke remains a common condition and a major cause of disability across the globe. For patients who have had a stroke effective rehabilitation is critical to maximize functional recovery and improved quality of life. Young neurologists have an excellent opportunity to be involved in management of post stroke spasticity via Botulinum Toxin treatment.

This practical workshop is aimed at young neurologists and trainees interested in establishing a post stroke spasticity program in their own hospital environment. Three speakers passionate in this field will present aspects of the subject as follows. Please join us to discuss this exciting field of post stroke spasticity management aimed at giving your stroke patients further opportunities for recovery.

#### *Dr Tissa Wijeratne*

*Western General Hospital & University of Melbourne, VIC, Australia*

An introduction covering the physiology of spasticity, epidemiology of post stroke spasticity, mechanism of action of Botulinum Toxin and evidence of use in post stroke spasticity.

*Ms Liz Judd* *Austin Hospital, Melbourne, VIC, Australia*

Clinical assessment of post stroke spasticity

*Dr Andrew Hughes* *Austin Hospital, Melbourne, VIC, Australia*

Use of Botulinum Toxin in the clinic; How to do it

### European Delegates Meeting

This meeting will look at the implementation of evidence based guidelines and will compare situations in a range of European countries. It will also address the use and adaptation of guidelines for clinical practice in Europe and will discuss proposals for a European strategy in neurological rehabilitation.

### Spinal Cord Injury

Rehabilitation spinal cord injury is a much-noticed subject.

An array of worldwide approaches will be explored in this meeting, from exercises to intrathecal application of neurotransmitters, neurotrophic factors, and the implantation Schwann-cell grafts and stimulators. It is the task of this SIG to collect, evaluate and allocate information.