14th European Congress of Physical and Rehabilitation Medicine "Advances in PRM - Traditional and Modern Concepts"

12-15 May, 2004; Vienna, Austria

Since the ECPRM in Brighton had been such a great experience, I was looking forward to the next European Congress, which again was dedicated to the broad clinical topics of our speciality. The programme offered educational seminars, hands-on workshops and scientific sessions, thus providing an overview on the state-of-the-art as well as the most recent findings in our field. Special attention was brought to topics such as Outcome Assessment, Pain, Neurological, Musculo-Skeletal and Paediatric Rehabilitation. I particularly enjoyed the Trans European Scientific Contest. This was a session with a large jury, as in the Eurovision Song Contest, where one trainee representative of each country was given the chance to present his or her work. In addition to the plenary sessions there was also a good selection of excellent poster presentations.

The Austrian Society of Physical Medicine and Rehabilitation and its committed president, Professor Quittan, were able to attract the 14th ECPRM to Vienna. With its location in the heart of Europe, Vienna was once again able to be the bridge between East and West. Many colleagues from the South/Eastern part of Europe were able to attend such a meeting for the first time. The city also provided its well-known rich cultural life, the opera, its famous museums and from the start of the congress the Wiener Mozart-Quartett spoilt us with music of Haydn and Strauß!

During the session on Physical and Rehabilitation Medicine (PRM) within Europe, Dr Ward pointed out that our speciality is small, fairly new and not very sexy. Linking PRM within all EU countries and harmonising training and medical practise is therefore the way forward. The benefits of European links are: international exchange, networking, research opportunities and help with EU funding/partnership. The UEMS (Union Européenne des Médecins Spécialistes) section of PRM functions through three major committees namely: Education and Training, Clinical Affairs and Professional Practice. Dr McNamara explained that the Education and Training responsibilities rest with the European Board of Physical and Rehabilitation Medicine, which was established in 1990. This includes certification and re-certification of specialists, trainers and training centres in PRM together with CME/CPD. The board aims to improve the quality of patient care by insuring that PRM doctors have acquired the knowledge, skills and attitudes that are essential for this care. Performance is assessed throughout training and evaluation together with the Board's examination.

The session on International Classification of Functioning, Disability and Health (ICF) pointed out that an important step in the process of rehabilitation is to determine the functional abilities of an individual. ICF, presented by WHO, is a multi-classification scheme to describe health status and the experience of disability, using a non-categorical approach. This may open up new doors to the future of PRM by providing a common language to all professionals in the field. It uses functioning as an umbrella term for body functions, body structures, activities and participation whilst denoting the positive aspects of an individual's environment. However, Professor Bullinger from Hamburg explained the transfer however into measurement approaches has only recently been initiated. The quality of life concept, which also taps into an individual's experience of health, is less theoretical. To understand health and the consequences of disease both approaches should be brought together and further development of assessment tools for ICF is necessary.

The quality of presentations in the "Trans European Scientific Contest" was excellent. I particularly enjoyed the talk by Dr Groleger from Ljubljana. She aimed to adapt the Boston Paediatric Evaluation of Disability Inventory (PEDI) to evaluate functional performance of chronically ill and disabled children in Slovenia. PEDI has been validated to discriminate between non-disabled and disabled children and proven to be sensitive to changes in functional skills. The purpose of her study was to determine whether a cross-cultural adaptation and validation procedure of PEDI is needed before using the instrument in Slovenia and to ascertain which demographic factors might influence children's functional skills level. Statistically significant differences between children in American and Slovene samples were found. A very high internal consistency of the scales was also found. The Slovene sample, in contrast to the American one, revealed that functional skills are related to demographic characteristics such as gender and the presence of older siblings in a family. The education level of parents, on the contrary, had no influence on development of functional skills in both groups. The existence of inter-cultural differences therefore is a strong argument to re-norm the PEDI before introducing the instrument into practice. Dr Groleger won the first prize of the contest.

Professor Turner-Stokes gave a very interesting presentation on the relationship between reduced spasticity and improved arm function after botulinum toxin treatment for upper limb spasticity in stroke patients. The treatment usually targets specific muscles without affecting others. Focal functional gains are therefore not detectable with standardised global measures like the Barthel score, hence different outcome measures were used. In her first study a retrospective meta-analytic approach was adopted, selecting items from standardised scales most relevant to the intervention. A clear relationship between maximal change in spasticity and function was demonstrated. Change in spasticity frequently preceded change in function. Preliminary results of a second small multiple single case study were also presented. Goal Attainment Scaling (GAS) was used to enhance detection of functional gains as compared with simple rating of percentage goals achieved. In GAS tasks are individually set. The individual's current and expected performance after the intervention is taken into account and the team defines and agrees with the patient and the family what a "successful" outcome is. A five-point scale then measures the degree of attainment for each goal. Goals are also weighed to take account of the importance of the goal and the difficulty of achievement. The sum of attainment levels and relative weights for each goal is then transformed into a standardised measure. Simple rating of percentage goals showed poor specificity for identifying successful clinical outcomes. GAS scored 100% positive predictive value for clinical success. GAS therefore appeared to be superior to generic measures.

Four days in Vienna flew by thanks to a wonderful atmosphere where not only vivid exchange of up-to-date information was being offered, but also where many cultural and social highlights were being enjoyed in a city where hospitality is not only a word. After all, quoting the final comments of Professor Stam from Amsterdam at the closure of the meeting… "rehabilitation medicine IS a sexy speciality".

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