



February 7-10, 2016, Tel-Aviv, Israel



We are proud to announce that the 66th annual congress of the Israeli Association of Physical and Rehabilitation Medicine will take place as an international congress under the name

“Rehab Science & Technology Update”

The major goal set for the congress is to provide a didactic exposure to the latest theoretical advances in basic science and their potential contribution to paradigm shift formation in rehab clinical practice.

You are invited to participate and submit original research work for oral and computerized poster presentations.

One major outcome of the congress will be the gathering of summaries prepared from all the invited lectures and a selected number of submitted research reports in a book format. The book is aimed to establish a strong scientific foundation for clinical rehab practice and to facilitate the development of novel, theory-motivated, methods of assessment and treatment.

Congress Website: WWW.RSTU2016.COM

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We are happy to welcome you in Israel as our guests in the RSTU2016 Congress



In memory of Prof. Haim Ring, second ISPRM President and Chairperson of the First MFPRM Congress (1996, Herzliya, ISRAEL). The congress is endorsed by the MFPRM. Endorsed by the Mediterranean Forum of Physical and Rehabilitation Medicine – MFPRM)





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Scientific Program List of Topics

The list of topics applies for both basic-science and clinical-practice abstracts.

I. PRM Basic Science and Clinical Practice in Neurological Disorders

A. Diseases and Trauma of the Brain

- A1. Stroke & Other Diseases of the Brain
- A2. Traumatic Brain Injury
- A3. Disorders of Brain Sensory-Motor Control
- A4. Disorders of Cognition, Language, Emotion and Behavior

B. Diseases and Trauma of the Spinal Cord

- B1. Spinal Cord Injury
- B2. Diseases of the Spinal Cord
- B3. Spinal Sensory-Motor Control
- B4. Sphincter Control

C. Neuropathies, Myopathies

D. Neurological Rehabilitation – Other

II. PRM Basic Science and Clinical Practice in Orthopedic and Musculoskeletal Disorders

E. Limb Amputation and Trauma

- E1. Lower Limb Amputation; Prosthetics
- E2. Upper Limb Amputation; Prosthetics
- E3. Hand Injury
- E4. Bone Fractures and Reconstructive Orthopedic Surgery

F. Rheumatic Conditions – Rheumatoid Arthritis; Osteoarthritis

G. Osteoporosis

H. Back and Neck Pain

I. Soft-Tissue Trauma

J. Orthopedic and Musculoskeletal Rehabilitation – Other

III. PRM Basic Science and Clinical Practice in Other Specific Conditions

K. Geriatric Rehabilitation

- K1. Rehabilitation Goal Setting in the Aged
- K2. Dementia
- K3. Geriatric Rehabilitation – Other

L. Pediatric Rehabilitation

- L1. Traumatic Brain Injury in Childhood
- L2. Cerebral Palsy; Spina Bifida
- L3. Developmental Disorders
- L4. Learning Disabilities and ADHD
- L5. Functional Evaluation & Outcome Measurement in Childhood
- L6. Pediatric Rehabilitation – Other

M. Persistent Unawareness, Vegetative State

N. Cardiopulmonary Rehabilitation



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O. Rehabilitation in the Cancer Patient

P. Rehabilitation in Other Specific Conditions (e.g., Major Burns; Organ Transplantation)

IV. Topics Relevant to All PRM Fields of Practice

Q. Organization and Management of Rehabilitation Services

- Q1. Rehabilitation in General Hospitals and in Rehabilitation Centers
- Q2. Community Based Rehabilitation Services
- Q3. Quality of Care Standards in Rehabilitation Services; Accreditation
- Q4. Vocational and Occupational Rehabilitation
- Q5. Rehabilitation Following Mass Casualty and Military Rehabilitation

R. Scope of the Specialty and Educational Needs

- R1. Specialization in PRM; Postgraduate Education
- R2. Teaching PRM to Other Medical and Paramedical Professions
- R3. Practice of PRM in Different Countries
- R4. Special Needs for Rehabilitation in Developing Countries
- R5. Ethical Considerations in PRM; Disability and the Law
- R6. Possible Role of Alternative/Complementary Medicine in PRM

S. Evidence-Based Rehabilitation

- S1. Evaluation of Impairments in Body Structures and Basic Functions
- S2. Evaluation of Disability / Activity
- S3. Evaluation of Handicap / Participation
- S4. Longitudinal Evaluation of Recovery; Outcome Measurement
- S5. Quality of Life (QoL) Assessment
- S6. WHO-ICF

T. Management of Other Commonly Encountered Disabling Conditions

- T1. Sexual Disability
- T2. Pain Management
- T3. Spasticity Management
- T4. Postural Instability and Recurrent Falls
- T5. Wound Care; Prevention and Treatment of Pressure Sores
- T6. Sleep Disorders
- T7. Disability Related Depression, Anxiety and Psychiatric Disturbances

U. Other Topics of General Interest

- U1. Secondary and Tertiary Prevention in PRM
- U2. Sports Medicine and Sports for the Disabled
- U3. Electrodiagnosis
- U4. Kinesiology; Gait Analysis; Motion Analysis
- U5. Orthotic Devices
- U6. Advanced Technologies in Rehabilitation
- U7. Augmentative Devices for the Disabled
- U8. Ergonomic Considerations in House & Workplace of Disabled Persons

V. Other PRM Topics



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Abstract Submission will open soon at www.rstu2016.com

The Congress Secretariat and Scientific Committees welcome you and invite you to submit abstracts to a broad range of categories. Details of the terms and submission processes are listed below.

Abstract submission

The final date for abstract submission is September 30, 2015.

Abstracts may be submitted only through the website. Any other method will not be considered. Please read the rules of submission before submitting your abstract.

Should you encounter any difficulties, please do not hesitate to contact the congress secretariat via email: rstu2016@kenes-events.com <<mailto:rstu2016@kenes-events.com>>

Rules for submission:

- * The Scientific Committee will review abstracts. Following review, information regarding acceptance and scheduling will be sent to the abstract submitter. Please note: accepted abstracts may be presented only following registration to the congress.
- * All abstracts must be submitted and presented in clear English with accurate grammar and spelling of a quality suitable for publication.
- * Upon submission, the Abstract Submitter confirms that the abstract has been previewed and that all information is correct, and accepts that the content of this abstract cannot be modified or corrected after final submission and is aware that it will be published exactly as submitted.
- * Submission of the abstract constitutes the authors' consent to publication (e.g. congress website, programs, congress Facebook page, other promotions, etc.)
- * The Abstract Submitter warrants and represents that he/she is the sole owner or has the rights of all the information and content (Hereafter: "Content") provided to the 5th World Congress for the Advancement of Surgery and Kenes Israel (Hereafter: "The Organizers"). The publication of the abstract does not infringe any third party rights including, but not limited to, intellectual property rights.
- * Submitted abstracts containing research by clinical trials on human or animal subjects must be approved by the Helsinki Committee or by the local Institutional Review Board.
- * The Organizers reserve the right to remove from any publication an abstract which does not comply with the above.
- * Upon submission the Abstract Submitter confirms that the contact details saved in the system are those of the corresponding author, who will be notified about the status of the abstract. The corresponding author is responsible for informing the other authors about the status of the abstract.



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Guidelines for Submission

Before you begin, please prepare the following information:

- * Presenting author's contact details
- * Title, full first and family name(s)
- * Affiliation details: department, institution / hospital, city, state (if relevant), country
- * Email address
- * Daytime and evening phone number
- * Author and co-authors' details
- * Title, full first and family name(s)
- * Affiliation details: department, institution / hospital, city, state (if relevant), country
- * Email address
- * Abstract Title – limited to 25 words in UPPER CASE
- * Abstract Body – limited to 350 words (Please Note: Word count is affected when graphs/images are added)
- * Abstract layout – Abstracts should use the following structured format:
 - * Introduction/Background
 - * Methods/Materials
 - * Results
 - * Conclusions
 - * References (Optional)
- * Tables – A maximum of 2 tables of up to 10 rows x 10 columns can be included per abstract. Tables must be uploaded as JPG, GIF or PNG.
- * Graphs and images – A maximum of 2 images can be included per abstract.

The maximum file size of each graph/image is 3 MB. The maximum pixel size of the graph/image is 600(w) x 800(h) pixel. You may upload graphs in JPG format only. Please note: Each graph/image is worth 30 words.



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