



REPORT PREPARED

ON BEHALF OF

THE INTERNATIONAL SPINAL CORD SOCIETY
(ISCOS)

FOR SUBMISSION TO

THE WORLD HEALTH ORGANISATION
(WHO)

BY

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8 February 2007

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Introduction

The International Spinal Cord Society (ISCOS) previously known as International Medical Society of Paraplegia (IMSOP) is a non- governmental organization (NGO) which respectfully requests reinstating recognition by The World Health Organization (WHO) as a professional NGO in official relation. Such recognition will enable ISCOS to promote and facilitate the development and strengthening of services for persons with spinal injuries in the developing world and enhance the holistic management of persons with spinal injuries in the developed world by strengthening its ability to influence health service provision in various countries throughout the world.

IMSOP had a long relationship with WHO and was recognized as a professional NGO in official relation with WHO, on 23 January 1987. However the membership was discontinued in October 2001 when the name of the Society was changed to ISCOS.

Specific joint activities between ISCOS and WHO have been ongoing for about two decades.

Recent collaborative activity between WHO and ISCOS include the following:

- ISCOS collaboration with WHO for International Classification of external causes of injury via inclusion in Co-ordination and maintenance group (ICECI-CMG), **in 2003**
- Response to request from Dr Federico Montero, Coordinator of the Disability and Rehabilitation Team and Dr Srinivasa Murthy, at the time Regional Adviser in SEARO following a request by him on behalf of the WHO to assist earthquake victims in Iran, during **April 2004**
- Consultation between ISCOS and WHO when Dr F Montero and Mr W S El Masry, Hon Sec, ISCOS, meeting in Oswestry, UK, in **March 2005**.
- Presentation by Dr Montero and discussions with ISCOS board members, on WHO Activities on Disability & Rehabilitation at ISCOS Annual International Scientific Meeting in Munich, Germany, **October 2005**.
- Consultation between WHO and ISCOS when Mr W S El Masry, Hon Sec, ISCOS, met with Dr Montero DAR Co-ordinator to discuss prevention of Spinal Cord Injuries in China, **October 2005**
- Mr W S El Masry attended meeting at WHO HQ in Geneva to discuss collaboration with WHO and ISCOS in order to develop teaching and training to health professionals in Africa, on the management of persons sustaining spinal cord injuries. At this meeting contents of proposed guidelines were discussed together with future strategy for taking guidelines forward, to put them into practice, **October 2005**

Other Recent Collaborative Activity Between ISCoS & WHO

ISCoS collaboration with WHO International Classification of External Causes of Injury - Coordination and Maintenance Group (ICECI-CMG)

Recognising the need for common international data sets for spinal cord injury (SCI), ASIA and ISCoS formed a working group after the joint meeting in Vancouver, British Columbia, Canada in 2002.

ISCoS as part of the International Datasets project has supported the development of an internationally accepted injury prevention module. Raymond Cripps and Bon San Bonne Lee from Australia have worked very hard on this issue in using the International Classification of External Causes of Injury (ICECI).

This includes a coding structure that can capture the worldwide diversity of injury mechanisms. In 2003, the ICECI was admitted into the WHO Family of International Classifications (WHO-FIC) as a Related Classification. From April 2003, responsibility for the custody, maintenance and development of the ICECI has been with the ICECI Coordination and Maintenance Group (ICECI-CMG). Due to this ISCoS approached WHO ICECI-CMG with the purpose of creating an ICECI Spinal Cord Injury Working group to provide feedback to the ICECI through a formalized relationship. At the CMG meeting held in Washington DC on 9 September 2006 it was declared that ICECI-CMG will like to work towards a cooperation with ISCoS in this issue. In this process the CMG has nominated one of its members, James Harrison, to act on its behalf on this matter, between meetings.

From ISCoS Fin Biering-Sørensen, co-chair of the Executive Committee of International SCI Standards and Data Sets will have the formal contact with the CMG, and Dr Harrison, although Raymond Cripps and Bon San Bonne Lee still will be the primary responsible in the cooperation.

Collaboration with WHO has recently yielded the following two publications:

Developing Core Sets for Persons with Spinal Cord Injuries based on the International Classification of Functioning, Disability and Health as a way to specify Functioning.
F Biering Sorensen, M Scheuringer, M Baumberger, S W Charlifue, M W M Post, F Montero, N Kostanjsek & G Stucki
Spinal Cord (2006), 44, p 541-546

Development of ICF Core Sets for Patients with Chronic Conditions.
Alarcos Cieza, Thomas Ewert, T Berdirhan Ustun, Somnath Chatterji, Nenand Kostanjsek & Gerald Stucki
J Rehabil Med (2004); suppl 44: 9-11

REQUEST FROM WORLD HEALTH ORGANISATION FOR HELP TO SCI VICTIMS OF EARTHQUAKE IN BAM, IRAN

The following was circulated in April 2004:

Circulation to: Council Members ISCOS
Prof H L Frankel,
Dr Ragnar Stein,
Mr G Ravichandran
Mr A Soopramanien

Dear Colleague

ISCOS has been approached by the World Health Organisation (WHO) requesting some assistance with the spinal cord injured victims following the earthquake in Bam, Iran. I understand there are approximately 200 individuals with traumatic tetraplegia and paraplegia.

I enclose herewith a list of equipment required but there appears also to be a need for expert human resources to treat these patients. I am informed there are rehabilitation teams already in place in Bam, but the current human resources are inadequate.

As you will all appreciate, ISCOS does not have funds for the supply of equipment neither can it pay travel expenses, accommodation, subsistence or a salary to Nurses, Doctors, Physiotherapists, Occupational Therapists, Plastic Surgeons or Orthotists who are likely to be required there.

It would certainly be in the interests of the tetraplegic and paraplegic patient in Bam, Iran and also in the interest of ISCOS which is trying to reaffiliate to the WHO as a Non Governmental Organisation (NGO) if you as a Senior Member of this Society are able to consider any help you can with equipment and/or personnel. Please let me know as soon as possible whether there is anything you can do.

Professor Ikata, our President has already pledged his personal support.

I would also appreciate a reply if you are unable to help. Please send your reply to my email address: **Heather.Edwards@rjah.nhs.uk**

Yours sincerely

W S EL MASRY FRCS Ed

Hon Secretary, ISCOS

Developing Medical Rehabilitation Guidelines

Geneva, 24-25 October 2005

EXECUTIVE SUMMARY

Disability and Rehabilitation team of the World Health Organization (WHO/DAR) organized a meeting on the development of Medical Rehabilitation Guidelines for the following objectives:

- to do a brainstorming on the contents of the proposed Guidelines on Strengthening Medical Rehabilitation
- to discuss the future strategy to put the Guidelines into practice.

WHO/DAR believes a combined approach of Medical Rehabilitation and Community Based Rehabilitation could ensure early identification, cost effective intervention, reaching out across the country, preventing avoidable disability, optimizing peoples abilities and promoting rights and dignity of people with disabilities. A similar process has been initiated to develop Guidelines on Community-based Rehabilitation (CBR).

Process: During the meeting, there were presentations on objectives and scope of the proposed guidelines, a historical overview of WHO/DAR's activities in relation to medical rehabilitation, general indications on preparation of guidelines in WHO, a public health approach to correction of club foot deformity, process followed for development of CBR guidelines and Vision 2020 campaign.

The formal presentations were accompanied by group discussions to propose a matrix on the main areas and components that should constitute a framework for the preparation of the guidelines on medical rehabilitation. Finally there were discussions on future process for taking forward the preparation of these guidelines.

Conclusions: A matrix of essential areas and components for the preparation of guidelines on medical rehabilitation was drafted. This matrix proposed five main areas and their components for the guidelines:

- support systems: data & research, human resources, infrastructures, linkages-partnerships (early links, CBR-mental health), planning-management-supervision-financial-resources (financial, timeliness), logistics, service characteristics
- Health promotion: nutrition, injury prevention, physical activity, mental health (psychosocial support), awareness (social awareness, stigma, awareness of professionals, working together with consumer groups)
- Prevention: Includes primary and secondary prevention including early diagnosis & treatment, education (working with consumer groups), medical care (nursing care is part of it, emergency care), self care
- Medical management: medical care (emergency-acute, chronic slow developing), therapy, surgery, psychosocial support, team approach
- Assistive services/technology: Provision, adaptation, training, appropriate technology, P& O services-wheel chairs-mobility aids, an area that will develop further in future

There were two more areas linked to the work of WHO/DAR on which there was some discussion during the meeting - World Disability & Rehabilitation report and development of a global campaign on treatable physical disabilities.

Majority of the participants expressed interest in contributing to and supporting the different initiatives of WHO/DAR - preparation of World Disability & Rehabilitation report, development of a global campaign to focus attention on treatable physical disabilities and preparation of medical rehabilitation guidelines.

The History of ISCoS

The Spinal Unit at Stoke Mandeville Hospital was founded in February 1944 by Dr Ludwig Guttmann (later Sir Ludwig Guttmann). It was a Ministry of Pensions Hospital for the treatment of injured servicemen and ex-servicemen. In 1952 it became the National Spinal Injuries Centre, part of the British National Health Service.

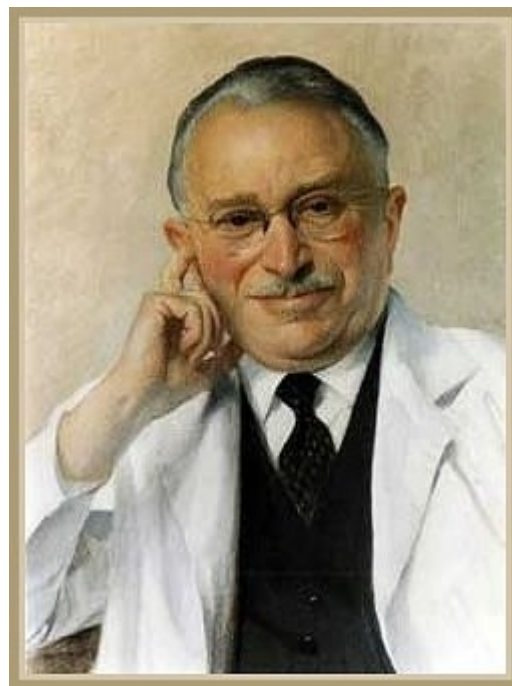
In 1948 the National Stoke Mandeville Games were started and in 1952 the International Stoke Mandeville Games were founded. In 1955 the doctors from various countries who accompanied their teams to these Games, started to meet informally to discuss their clinical work and research. As these meetings became larger and more formal, the International Medical Society of Paraplegia was founded in 1961 with Sir Ludwig Guttmann as the President.

In the early years, the Annual Scientific Meetings were held at Stoke Mandeville Hospital, except in Olympic years when they were held in association with the Paralympics. The Annual Scientific Meetings are now held in many different countries and in addition there are Regional Meetings supported by the Society, throughout the world.

Founder and First President

Prof. Sir Ludwig Guttmann, CBE, FRS

Subsequent Presidents



Prof. Sir Ludwig Guttmann, CBE, FRS

Dr Herb Talbot	USA	1970 - 73
Dr Albert Tricot	Belgium	1973 - 77
Prof. Volkmar Paeslack	Germany	1977 - 80
Sir George Bedbrook	Australia	1980 - 84
Prof. Alain Rossier	Switzerland	1984 - 88
Dr Ed Carter	USA	1988 - 92
Dr Paul Dollfus	France	1992 - 96
Dr Hans Frankel	UK	1996 - 00
Prof. Takaaki Ikata	Japan	2000 - 04

Current President

Prof. W Donovan	USA	2004 -
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MEMBERSHIP & MEETINGS

Countries of Membership:

Argentina, Armenia, Australia, Austria, Bangladesh, Belgium, Botswana, Brazil, Cambodia, Canada, Chile, Croatia, Cuba, Cyprus, Czech Republic, Denmark, Egypt, Estonia, Finland, France, Gabon, Germany, Greece, Honduras, Hong Kong, Hungary, Iceland, India, Indonesia, Iran, Iraq, Ireland, Israel, Italy, Japan, Jordan, Kenya, Korea, Lao PDR, Laos, Latvia, Lithuania, Malaysia, Mexico, Morocco, Myanmar, Nepal, Netherlands, New Zealand, Nigeria, Norway, Pakistan, Palestine, Philippines, Poland, Portugal, PR China, Puerto Rico, Romania, Russia, Saudi Arabia, Senegal, Serbia, Singapore, Slovakia, Slovenia, South Africa, Spain, Sri Lanka, Sweden, Switzerland, Taiwan, Tanzania, Thailand, Turkey, UK, United Arab Emirates, USA, Venezuela, Vietnam, Yemen, Yugoslavia, Zimbabwe

Regional Societies:

The following associations and societies are affiliated with ISCoS:

American Paraplegia Society (APS) , American Spinal Injury Association (ASIA) , Asian Spinal Cord Network (ASCoN), Association Francophone Internationale des Groupes , 'Animation de la Paraplégie (AFIGAP) , Australian and New Zealand Spinal Cord Society (ANZSCoS), Chinese Association of Rehabilitation of Disabled Persons - Society of Spinal Cord Injury (CARDP – SoSCI), Deutschsprachige Medizinische Gesellschaft für Paraplegie (DMGP) , Dutch-Flemish Society of Paraplegia (NVDG) , Japan Medical Society of Spinal Cord Lesions(JASCoL), Latin American Society of Paraplegia (SLAP) , Nordic Spinal Cord Society(NoSCoS) , Società Medica Italiana di Paraplegia (SoMIPAR), Southern African Spinal Cord Association (SASCA), Spanish Society of Paraplegia (SEP) , Spinal Cord Society – Indian Chapter, Turkish Society of Spinal Cord Diseases (TrSCD)

Activities over the last 8 years:

Annual Scientific Meetings:

- 1999 June 18 – 20, Copenhagen, Denmark (In association with the Nordic Medical Society of Paraplegia)
- 2000 November 2 – 5, Sydney, Australia
- 2001 September 12 – 15, Nottwil, Switzerland
- 2002 May 3 – 6, Vancouver, Canada (1st Joint Meeting of ISCoS & ASIA)
- 2003 October 15 – 18, Beijing, China
- 2004 September 26 – 29, Athens, Greece
- 2005 October 4 – 8, Munich, Germany
- 2006 June 24 – 28. Boston, USA (2nd joint meeting of ISCoS & ASIA)

Regional Meetings:

- 1999 October 18 – 20, South Africa. Southern African Spinal Cord Association Congress (SASCA).
- 1999 October 28 – 30, Firenze, Italy. 9th National Congress of SoMIPAR.
- 1999 November 11 – 12, Bilbao, Spain. Regional Meeting of Spanish Society of Paraplegia (SEP).

- 2001 August 13-15, Johannesburg, South Africa. Southern African Spinal Cord Association (SASCA).

- 2001 November 6-8, Dhaka, Bangladesh. International Conference on Spinal Cord Lesion Management
- 2001 November 14-16, Cambodia. Les VIIemes Journees de Chirurgie, Cambodge.
- 2001 15-17, Melbourne, Australia. Australasian Branch of IMSoP.
- 2002 May 30-31, Haapsalu, Estonia. 2nd Scientific Meeting of the Baltic Medical Society of Paraplegia
- 2002 October 3-5, Aylesbury, Bucks, UK. Master Class on Children.
- 2002 November 7-9, Wakayama, Japan. 37th Annual Scientific Meeting of JMSoP
- 2002 November 28-30, Auckland, New Zealand. Meeting of the Australasian Branch of IMSoP.
- 2003 April 4-6, Miami, USA. Meeting of the Latin American Society of Paraplegia combined with the American Spinal Injuries Association.
- 2003 May 21-24, Genova, Italy. 11th National Congress of SoMIPAR.

- 2003 September 4-7, Helsinki, Finland. VII Congress of NMSoP.
- 2003 November 20-22, Freemantle, Western Australia. Meeting of the Australasian Branch of ISCoS.
- 2004 July 1 -3, SoMIPAR, Siracusa, Italy
- 2004 July 23 – 30, China Association of Rehabilitation of Disabled Persons – Society of Spinal Cord Injury (CARD-SoSCI), Beijing, China
- 2004 September 4-5, Xi'an, China. Annual Meeting of CARD-SoSCI.
- 2004 September 29- October 2, Zurich, Switzerland. DMGP Meeting in association with the 3rd Joint Congress of the Swiss Society for Neurorehabilitation, Austrian Society of Neurorehabilitation, German Society for Neurological Rehabilitation and 1st Regional Meeting of the World Forum of Neurorehabilitation (WFNR).
- 2004 October 1, Paris, France. Association Francophone Internationale des Groupes d'Animation de la Paraplegie (AFIGAP). Joint meeting with SOFMER.
- 2004 October 6, Ankara, Turkey. Turkish Society of Spinal Cord Diseases (TrSCD).
- 2004 November 5-6, Tokyo, Japan. 39th Annual Scientific Meeting of JASCoL (Japan Medical Association of Spinal Cord Lesion)
- 2004 November 18-20, ANZSCoS (Australian and New Zealand Spinal Cord Society)
- 2004 November 19-21, Rimini, Italy. VI SoMIPAR Advanced National Course
- 2005 April 7-9, Torino, Italy. XII SoMIPAR National Meeting
- 2005 May 12-14, Dallas, Texas. 31st Annual Meeting of the American Spinal Injury Association (ASIA).
- 2005 May 24, Stoke Mandeville Hospital, Aylesbury, Bucks, UK. Paediatric Study Day (the rehabilitation needs of the child with a spinal cord injury – multi-disciplinary).
- 2005 August 31 – September 3, Durban, South Africa. 7th National Congress of the Southern African Spinal Cord Association (SASCA)
- 2005 September 6 – 8, Las Vegas, USA. 51st APS Annual Scientific Meeting
- 2005 September 8-10, Bergen, Norway. Nordic Spinal Cord Society (NoSCoS).
- 2005 September 8-10, Queensland, Australia. ANZSCoS 2005 Conference
- 2005 November 11 – 12, Tokyo, Japan. 40th Annual Scientific Meeting of the Japan Medical Society of Spinal Cord Lesion (JASCoL)
- 2006 May 5 – 6, Firenze, Italy. 7th National Course of Italian Medical Society of Paraplegia (SoMIPAR)
- 2006 September 5 – 7, Las Vegas, USA. 52nd Annual Conference, American Paraplegia Society (APS)
- 2006 October 9 – 10, Pisa, Italy. 11th Joint Meeting of the Italian Medical Society of Paraplegia (SoMIPAR) and Italian Society of Neurorehabilitation (SIRN)
- 2006 October 18 – 21, Hamburg, Germany. 19th Annual Meeting of DMGP (German speaking Medical Society of Paraplegia)
- 2006 November 9 – 10, Chiba, Japan. 41st Annual Scientific Meeting of the Japan Medical Society of Spinal Cord Lesion (JASCoL)
- 2006 November 16 – 18, Melbourne, Australia. ANZSCoS 2006 Conference

Workshops:

- 1999 November 22-25, Sao Paulo, Brazil. Brazilian Workshop on the Management of Spinal Cord Lesion Prevention, Care and Rehabilitation.
- 1999 November 22-26, Chiang Mai, Thailand. Workshop on Spinal Cord Paralysis: Long-Term Care.
- 2000 May 4-6, Aylesbury, Bucks, UK. Course in Advanced Spinal Cord Injury Medicine.
- 2002 July 10-13, Lima, Peru. 2nd SLAP Workshop
- 2002 November 22-24, New Delhi, India. Workshop/Conference, Indian Spinal Injuries Centre
- 2003 May 13-16, Havana, Cuba. International Meeting and 2nd National Workshop on SCI.
- 2003 November 10-13, Chiang Mai, Thailand. 3rd ASCoN Conference & 4th Chiang Mai Workshops
- 2004 March 10 – 15, India, Workshop/Conference, Indian Spinal Injuries Centre.
- 2004 July 1-3, Siracusa, Italy. SoMIPAR Regional Course
- 2004 July 23-30, Beijing, China. China Association of Rehabilitation of Disabled Persons – Society of Spinal Cord Injury (CARD-SoSCI) 1st Training Course
- 2004 November 8-10, Katmandu, Nepal. 4th Asian Spinal Cord Network Conference/Workshop (ASCoN)
- 2005 October 25-November 4, Chaing Mai, Thailand. 5th Chiang Mai SCI Workshop
- 2005 November 30 - December 1-3, Ho Chi Min City, Vietnam. 5th Asian Spinal Cord Network Conference/Workshop (ASCoN).
- 2006 March 3 -5, New Delhi, India. International Spine & Spinal Injuries Conference/Workshop (ISSICON)
- 2006 July 12 – 15, Brazil. XI Latin America Paraplegia Society Meeting combined with Brazilian PM & Rehabilitation Congress
- 2007 December 4 – 6, Dhaka, Bangladesh. 6th ASCoN Conference/Workshop

Training of Doctors in Developing Countries:

- 2001: Dr K P Nair from India
- 2003: Dr A Kumar from India

Sponsorship at Meetings:

- 2002: Prof T S Kanaka (India), Dr A Nulle (Latvia), Dr I Tudor (Romania),
Dr S Velasco (Philippines), Dr F Zamora-Pers (Cuba), Dr Tian
Jian Zhou (PR China)
- 2003: SARS Outbreak
- 2004: Dr NS Kesiktas (Turkey), Dr A Kovindha (Thailand), Dr A Manu-
Marin (Romania), Dr K Nas (Turkey)
- 2005: Dr F Hoque (Bangladesh), Dr A Kovindha (Thailand), Dr A Manu-
Marin (Romania)
- 2006: Dr NS Kesiktas (Turkey), Dr A Kovindha (Thailand), Dr DK Sinha
(India)

Sponsored Meetings:

- 2002 July 10-13, Lima, Peru. 2nd SLAP Workshop
- 2002 November 22-24, New Delhi, India. Workshop/Conference, Indian
Spinal Injuries Centre
- 2003 November 10-13, Chiang Mai, Thailand. 3rd ASCoN Conference & 4th
Chiang Mai Workshops
- 2004 March 10 – 15, India, Workshop/Conference, Indian Spinal Injuries
Centre.
- 2004 November 8-10, Katmandu, Nepal. 4th Asian Spinal Cord Network
Conference/Workshop (ASCoN)
- 2005 October 25-November 4, Chiang Mai, Thailand. 5th Chiang Mai SCI
Workshop
- 2005 November 30 - December 1-3, Ho Chi Min City, Vietnam. 5th Asian
Spinal Cord Network Conference/Workshop (ASCoN).
- 2006 March 3 -5, New Delhi, India. International Spine & Spinal Injuries
Conference/Workshop (ISSICON)
- 2006 July 12 – 15, Brazil. XI Latin America Paraplegia Society Meeting
combined with Brazilian PM & Rehabilitation Congress
- 2006 December 4-6, Dhaka, Bangladesh. 6th ASCoN
Conference/Workshop

Topics:

1970

1. Measurement of muscle tone
2. Bio-Engineering in spinal paralysis

1971

1. Respiratory disturbances in quadriplegic patients
2. Psychological and social problems in spinal cord injury patients
3. Recruitment and education for the care of spinal cord injury patients

1972

1. Cardiovascular disturbances and complications in the paraplegic
2. Sport

1973

1. Upper extremities of the tetraplegic
2. Special problems of congenital spinal cord lesions
3. Acute abdomen in paraplegia

1974

1. Medico-Legal aspects of paraplegia
2. Anticoagulant therapy in patients with spinal cord injury

1975

1. Anaesthesia in spinal cord injured patients
2. Sphincterotomy and urinary diversion in spinal cord injured patients

1976

1. Central cord syndrome and other intramedullary lesions
2. Lesions of the spinal cord in the paediatric age group

1977

1. The role of professions allied to medicine in the treatment & rehabilitation of patients with spinal cord injuries
2. Aetiology and management of pain

1978

1. Rehabilitation engineering in spinal cord lesions
2. Clinical and experimental investigation of spinal cord function
3. Spinal cord lesions resulting from medical & surgical complications

1979

1. Spinal cord lesions due to water sports and occupations
2. Physiology and pathophysiology of the urethra
3. Recovery of spinal cord function

1980

1. Post-traumatic cystic degeneration of the cord
2. Neurophysiological assessment of spinal cord function (including experimental spinal cord lesions)
3. Non-traumatic acquired paraplegia

1981

1. Social situation of paraplegics and tetraplegics
2. Spinal stenosis
3. Prevention of spinal cord injuries
4. Life expectancy following spinal cord injury

1982

1. The female paraplegic
2. Engineering in spinal cord injury – simple appliances for developing countries

1983

1. Patient, family and community education
2. Neuro-chemistry of the nervous system in relation to spinal cord injury/spinal cord regeneration
3. Urodynamics and its effects on the treatment of the neuropathic bladder

1984

1. Early care of spinal cord injuries, with particular reference to non-operative and operative management
2. The pre-hospital care of patients with spinal cord injuries (at accident site and during primary transport)
3. Implications of physical activity and sport for spinal cord injured

1985

1. The rarer additional risk (e.g. the naturally occurring diseases as far as spinal man is Concerned)
2. Role of genito-urinary prosthesis and the final issues in bladder training
3. Immunological problems and the propensity to infection in the spinal cord injured patient
4. Functional electrical stimulation in rehabilitation

1986

1. Urological problems
2. Sport and exercise
3. Technical aids and orthoses
4. Regeneration in the central nervous system

1987

1. Economic implications of longevity in spinal cord injured patients
2. Automatic nervous systems and neuropharmacology
3. Non-traumatic paraplegia including paraplegia due to secondary carcinoma
4. Internal problems in paraplegia

1988

1. Methods of assessing neurological regeneration and adaptation after spinal cord injury, including documentation and controversial issues
2. Problems of staffing and care, both in hospital and during extended care, including bowel and urological evaluations
3. Preventative methods in general with particular reference to early nursing care
4. "The locked-in syndrome" – communicative problems in total skeletal paralysis

1989

1. Prevention and treatment of sores
2. Spasticity
3. Ageing of spinal man
4. The role of clinical psychology and counselling in spinal cord injury centres

1990

1. Difficulties in the organization and financing of treatment of patients with spinal cord lesions – including provision of aids and appliances
2. Para-articular ossification
3. Spinal cord lesions associated with other impairments
4. Pain
5. Changing patterns of incidence of spinal cord lesions

1991

1. Social implications of spinal cord lesions at hospital and community level
2. Walking orthoses and electrical stimulation
3. Spina bifida and related rehabilitation and integration problems
4. Physiology and pathophysiology of the spinal cord, including the reticular formation.
5. SIC Research into regeneration/recovery in the injured spinal cord

1992

1. Spinal Cord Lesions in Childhood
2. Spinal Cord Lesions in Developing Countries
3. Neurological Changes after Conservative versus Surgical Treatment
4. Recent Advances in the Investigation of Spinal Cord Lesions

1993

1. Prevention of Spinal Cord Injury - traumatic and non-traumatic
2. Metabolic Effect of Spinal Cord Lesion
3. Early Management of the Male and Female Bladder
4. Post-traumatic Syringomyelia
5. Autonomic Nervous System Pharmacology including the Lower Urinary Tract
6. Factors Influencing Social Reinsertion

1994

1. Follow-up and Ongoing Care of Persons with Spinal Cord Lesions: Needs and Solutions in Developed and Developing Countries
2. Long-term Effects including Problems of the Intermittent Self-catheterization
3. Advances in Biomechanics of the Spine, including Spinal Stabilization
4. Sexuality and Fertility after Spinal Cord Lesions
5. Recent advances in the prevention and management of pressure sores

1995

1. Current Status of Neurophysiological Monitoring of the Spinal Cord with Motor and Somatosensory Evoked Potentials
2. Pain
3. Bowel Management and Neurophysiology
4. Cost of Spinal Cord Lesions
5. Problems of Paraplegics in Developing Countries

1996

1. Physical Fitness After Spinal Cord Injury
2. Problems in Long-standing Spinal Cord Injury and Poliomyelitis (including life-expectancy)
3. Electrical Stimulation Including Phrenic Nerve Pace-maker, Bladder, Bowel, Sexual and Skeletal Muscles.
4. Measures of Clinical Outcome - Quantitative and Qualitative.
5. High Lesion Tetraplegia

1997

1. Gait
2. Employment
3. Hand Function
4. Neuro-urology and Urodynamics
5. Spasticity

1998

1. Penetrating Injuries of the Spinal Cord
2. Indications for Surgical and Non-surgical Treatment of Closed Spinal Cord Injuries
3. Pressure Sores including Social and Psycho-social Causes and Effects
4. Early Bladder Rehabilitation
5. Osteoporosis in Spinal Cord Injury

1999

1. Circulatory Control and Metabolic Disturbances in Spinal Cord Injury
2. Sexuality and Fertility
3. Heterotopic Ossification (para-articular ossification)
4. The families of Paralysed Person
5. Regeneration

2000

1. Respiration Insufficiency including Ventilator Dependency and Sleep Apnoea
2. Spinal Cord Injury in the Elderly: Acute and Ageing
3. Clinical trials and applied technology
4. Pain
5. Exercise physiology

2001

1. Prevention of Spinal Cord Injury/ Snow Sports Injuries
2. Pre-hospital Treatment
3. Neuroradiology (including MRI)
4. Non-traumatic Spinal Cord Lesions
5. Financing of SCI Care

2002

1. Neurophysiological Testing
2. Depression & Suicide – Prevention
3. Employment Issues
4. Gait Analysis/Ambulation
5. Paediatrics

2003

1. Organization of SCI Services in Developing Countries
2. Alternative/Traditional Treatment
3. Spinal Stenosis in the Elderly
4. Management of SCI in Catastrophic Events
5. Urology
6. Tuberculosis/abscess
7. Prevention in Developing Countries

2004

1. Clinical Trials
2. Outcome Measures
3. Spina Bifida
4. Early Intervention in SCI
5. Spasticity – Assessment and Treatment
6. Life after SCI
7. Assistive Technology for Mobility and Self Care in SCI

2005

1. Infections and Isolations in SCI
2. Prognostication of Physical Outcome
3. Exercise Physiology
4. Neurogenic Detrusor-overactivity
5. Faecal and Urinary Incontinence
6. Acute Management and Risk Management of Complications
7. Sexuality – Fertility

2006

1. Regeneration
2. Operative procedures
3. Pain management
4. Rehabilitation Technology
5. Management of complications in SCI

2007

1. Impact of SCI on the family
2. Late complications
3. Metabolism, nutrition and obesity
4. Coping strategies
5. Functional electrical stimulation

2008

1. Health maintenance interventions
2. HIV and spinal cord lesion
3. Systems of Management of SCI patients
4. Mental healthcare
5. Osteoporosis

2009

1. Predicting outcomes
2. New treatments of pressure ulcers
3. Spinal cord lesions in children
4. Urinary incontinence
5. Spasticity management

CONSTITUTION and BYE-LAWS

of the

**INTERNATIONAL
SPINAL CORD
SOCIETY**

Secretariat:

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www.iscos.org.uk

Preamble

In order to promote high quality management of spinal cord lesions throughout the world, there shall be formed by these articles an international society. The INTERNATIONAL MEDICAL SOCIETY OF PARAPLEGIA, IMSOP, was founded in 1961. There was a change of name in September 2001 to THE INTERNATIONAL SPINAL CORD SOCIETY, hereafter referred to as ISCoS.

Article 1

OBJECTIVES OF ISCoS

The International Spinal Cord Society shall:

- 1.1 serve as an international impartial, non-political and non-profit making association whose purpose is to study all problems relating to traumatic and non-traumatic lesions of the spinal cord. This includes causes, prevention, basic and clinical research, medical and surgical management, clinical practice, education, rehabilitation and social reintegration. This society will function in close collaboration with other national and international bodies, thereby encouraging the most efficient use of available resources.
- 1.2 provide a scientific exchange among its members and others by collecting and disseminating information through publications, correspondence, exhibits, regional and international seminars, symposia, conferences and otherwise.
- 1.3 advise, encourage, promote and when requested, assist in efforts to co-ordinate or guide research, development and evaluation activities related to spinal cord lesions throughout the world.
- 1.4 advise, encourage, guide and support the efforts of those responsible for the care of patients involved and when requested, correlate these activities throughout the world.
- 1.5 advise, encourage, guide and support the efforts of those responsible for the education and training of medical professionals and professionals allied to medicine and when requested, correlate these activities throughout the world.

Article 2

MEMBERSHIP

2. Membership of ISCoS will be open to individuals with a professional interest and activity in prevention, research, management and/or rehabilitation of persons with spinal cord lesions.

2.1 CATEGORIES OF MEMBERSHIP

2.1.1 MEMBER

Individuals medically qualified and members of allied professions who hold a doctoral degree, eg: PhD and who are actively professionally involved in the management and/or rehabilitation and/or research of persons with spinal cord lesions, according to the objectives of ISCoS, shall be eligible for election to full membership of ISCoS. The majority of the Executive and Council members shall be medically qualified.

2.1.2 ASSOCIATE

Either doctors in training, researchers, persons in a profession allied to medicine and medical students involved in the management and/or rehabilitation and/or research of persons with spinal cord lesions, shall be eligible for election to associate membership of ISCoS.

2.1.3 SENIOR

Full members who have retired from active medical practice are eligible for Senior membership of ISCoS.

2.1.4 HONORARY

A person who is not a member of ISCoS and who has distinguished himself/herself in the fields of research, prevention, education, medical and surgical management of spinal cord lesions, as well as in public life, and who may have contributed to advances in rehabilitation and social reintegration of persons with spinal cord lesions, shall be eligible for honorary membership of ISCoS.

2.1.5 FELLOW

A person who, by his/her professional achievement, integrity, reputation and activities as a full member of ISCoS of no less than ten years standing, has, in the opinion of the nominations committee of ISCoS, contributed to a high degree to the objectives of the Society in the fields of research, prevention, education, medical and surgical

management, advances in rehabilitation and/or social reintegration of persons with spinal cord lesions, shall be eligible to become a Fellow of the International Spinal Cord Society.

2.1.6 EMERITUS

A past Officer of ISCoS or a retired person of distinction who has been a full member of ISCoS shall be eligible for election as Emeritus member of ISCoS.

2.1.7 AFFILIATED SOCIETY

A special category of affiliated membership is available to include regional and national societies working within the ISCoS area of interest.

2.1.7.1 To qualify for affiliation a national or regional society shall consist predominantly of persons medically qualified in their own country as well as members of professions allied to medicine, whose professional activities are in accordance with the objectives of ISCoS.

2.1.7.2 To qualify for affiliation a national or regional society shall have at least one hundred members. Should the membership be too low, a national or regional society may amalgamate with any other similar association in its region to become affiliated to ISCoS.

2.1.7.3 An affiliated society may nominate a representative to the Council of ISCoS. The representative must be a full member of ISCoS and shall be entitled to the same rights and the same duration of tenure as other members of the Council. The affiliated society may remove its representative at any time and replace him/her by another full member of ISCoS and of that society.

2.1.7.4 A maximum of 12 members of the Council shall be representatives of affiliated societies.

2.2 ADMISSION

2.2.1 A person may apply to become a full member of ISCoS by personal written application to the Honorary Secretary. The application shall be supported by a full or associate member of ISCoS or by written documents proving the interest and activities of the applicant. Society's activities, during disputes regarding the obligations and privileges of members shall be subject to English law under the non-exclusive jurisdiction of the English courts.

2.2.2 On payment of the required subscription fees the application shall be accepted temporarily by the Honorary Secretary until confirmed in accordance with 2.2.3 below.

2.2.3 The Honorary Secretary shall refer all applications for membership received to the Nominations Committee for consideration. The Nominations Committee shall propose all suitable applications considered for acceptance to the Council of ISCoS and to the Annual General Meeting for final approval by a majority vote of the voting members present. The decision of the Annual General Meeting shall be final.

2.2.4 The procedure to become an associate member of ISCoS shall be the same as that of full member.

2.2.5 Honorary members shall be proposed by the Nominations Committee to the Council of ISCoS and to the Annual General Meeting for approval, by majority vote. The decision of the Annual General Meeting shall be final.

2.2.6 A Fellowship shall be proposed by the Nominations Committee to the Council of ISCoS and shall be bestowed upon the existing member after approval by the Annual General Meeting. The decision of the Annual General Meeting shall be final.

2.2.7 A regional or national society may apply in writing to the Honorary Secretary for affiliation to ISCoS. The Honorary Secretary shall refer all applications for affiliation received to the Nominations Committee for consideration. The Nominations Committee shall propose all suitable applications considered to the Council and to the Annual General Meeting for final approval by a majority vote. The decision of the Annual General Meeting shall be final.

2.3. RESIGNATION

2.3.1 Members of ISCoS may resign by giving written notice to the Honorary Secretary.

2.3.2 Full members or associate members subscribing to SPINAL CORD, the medical journal of ISCoS who resign, will continue to receive the journal until the end of the current calendar year, provided their subscriptions have been received for that year. They should give notice of their resignation before the end of that year.

2.3.3 Officers may resign their office by giving written notice to the President or, in case of the President, to the Honorary Secretary.

2.4 DISCONTINUATION OF MEMBERSHIP

2.4.1 Members of ISCoS who fail to meet the requirements of the society regarding professional conduct and/or payment of fees, or otherwise do not observe the Constitution and Bye-laws of ISCoS may have their membership discontinued by the Council of ISCoS. These members shall be entitled to appeal to the Annual General Meeting. The decision of the Annual General Meeting shall be taken by majority vote and shall be final.

2.4.2 Any affiliated society, whose aims and/or objectives are no longer compatible with those of ISCoS, may have its affiliation discontinued by the Council of ISCoS. This society shall be entitled to appeal to the Annual General Meeting. The decision of the Annual General Meeting shall be taken by majority vote and shall be final.

2.5 REMOVAL OF OFFICERS

2.5.1 At any duly called general meeting of the members, any officer may, by a two-thirds majority vote of the voting members present, be removed from office and his/her successor may be elected at that meeting.

2.6 VACANCIES

2.6.1 Vacancies in any officer's post, due to death, resignation, discontinuation, removal or other, may be filled temporarily by the Executive Committee until the next Annual General Meeting when a new officer shall be elected according to the Constitution and Bye-Laws of the Society.

Article 3

OBLIGATIONS and PRIVILEGES of MEMBERSHIP

3.1 OBLIGATIONS

3.1.1 The rates of annual membership subscription to be levied shall be determined by the Council of ISCoS on an annual basis and approved by the Annual General Meeting.

3.1.2 The annual subscriptions shall be payable in advance in January of each year.

3.2 PRIVILEGES

3.2.1 All members of ISCoS will receive newsletters, as well as notices of all meetings, courses, conferences and other activities of ISCoS.

3.2.2 Full members and Fellows of ISCoS whose subscriptions are not in arrears shall, in addition, receive for their personal use such copies of SPINAL CORD as are published during the year and shall be entitled to receive notice of, attend and vote at all general meetings of ISCoS.

3.2.3 Associate members whose subscriptions are not in arrears shall have full privileges of membership, except that they shall be unable to vote at the Annual General Meeting and shall not receive a personal copy of SPINAL CORD.

3.2.4 Associate members shall receive on payment of an additional subscription and for their personal use, all copies of SPINAL CORD as are published during the year. They shall have full privileges of membership, except that they shall be unable to vote at the Annual General Meeting.

3.2.5 Honorary members shall be exempt from payment of an annual subscription and shall have full privileges of membership except that they shall be unable to vote at the Annual General Meeting and shall not receive a personal copy of SPINAL CORD.

3.2.6 Senior members shall be exempt from payment of annual subscriptions and shall have full privileges of membership except that they shall not receive a personal copy of SPINAL CORD.

3.2.7 Emeritus members shall be exempt from payment of annual subscriptions when they retire from active medical practice and shall retain the privileges of full membership.

3.2.8 Representatives of affiliated societies on the Council of ISCoS shall circulate to members of these societies, newsletters, notices of all meetings, courses, conferences and other activities of ISCoS.

3.2.9 Members who wish to change their membership status must apply in writing to the Honorary Secretary.

THE OFFICERS of ISCOS

4.0 The officers shall be the President, the President-Elect, the Vice-Presidents, the Honorary Secretary, the Honorary Treasurer and the Editor of SPINAL CORD. The responsibilities of the officers, their terms of office and the manner of election or appointment shall be as specified in this Constitution.

4.1 THE PRESIDENT

4.1.1 The President shall be elected to office for a period of two years and shall be eligible for one re-election.

4.1.2 The Nominations Committee shall propose a list of candidates to the Council and to the Annual General Meeting for the election of a President-Elect.

4.1.3 A President-elect shall be elected, two years before taking office, by a majority vote of the voting members present at the Annual General Meeting.

4.1.4 The President shall be the chairperson of the Executive Committee, the Council and the Annual General Meeting of ISCOS.

4.1.5 In the event of absence or incapacity of the President he/she shall be replaced in all his/her duties and responsibilities by the President-elect or, failing him/her, the immediate past President, and if not available, the most senior Vice-President, until the next Annual General Meeting when a new President shall be elected.

4.2 VICE-PRESIDENTS and NATIONAL SECRETARIES

4.2.1 To reflect the different needs of the members of ISCoS world-wide, there shall be at least six Vice-Presidents, each representing a region of the world. The regions shall be defined by the Council of ISCOS and approved by the Annual General Meeting.

4.2.2 The Vice-Presidents shall be elected for a period of three years by the Annual General Meeting and shall be eligible for re-election.

4.2.3 During their period of office Vice-Presidents may be assisted by one National Secretary per country in as many countries as possible in their region. Nominations will be sent to the Honorary Secretary for approval by Council. All National Secretaries shall be members of ISCoS.

4.2.4 The National Secretaries shall collect information on national or regional scientific meetings and other matters of interest in their region and shall report to their Vice-Presidents and to Council. They shall communicate with members of ISCoS and all affiliated societies in their region.

4.2.5 Vice-Presidents and National Secretaries shall regularly forward to the Honorary Secretary all relevant information concerning his/her region for distribution to the membership of the Society.

4.2.6 Vice-Presidents and National Secretaries shall present annual reports to the Council of ISCoS. These shall be sent to the Honorary Secretary at least two months prior to the meeting to allow distribution to Council Members.

4.2.7 Vice-presidents and national secretaries shall, wherever possible in their country or region, set up educational programmes and encourage the total care and research of persons with spinal cord lesions.

4.2.8 Vice-presidents and national secretaries shall promote ISCoS, its objectives and its medical journal to appropriate individuals, libraries and local organisations and shall encourage membership of ISCoS.

4.3 THE HONORARY SECRETARY

4.3.1 The Honorary Secretary shall hold office for four years and shall be eligible for one re-election.

4.3.2 The Honorary Secretary, with the assistance of the Administrator and under the guidance of the President, shall be responsible for the day-to-day running of the society and shall generally supervise the keeping of all records as required by law.

4.3.3 The Honorary Secretary shall be responsible for arranging all meetings of the Executive Committee, the Council of ISCoS and the standing committees, as well as giving notice, preparing agendas and circulating relevant documents to members of these bodies at least four weeks before a meeting.

4.3.4 The Honorary Secretary shall be responsible for arranging and giving notice of the Annual General Meeting to the membership of the society and for distributing all relevant information to the voting members of ISCoS.

4.3.5 The Honorary Secretary shall report to the Council of ISCoS and the Annual General Meeting.

4.3.6 The Executive Committee shall appoint when deemed necessary, an Assistant Honorary Secretary for a limited period. He/she shall work under the direction of the Honorary Secretary and shall have observer status on the Executive Committee.

4.4 THE HONORARY TREASURER

4.4.1 The Honorary Treasurer shall hold office for four years and shall be eligible for one re-election.

4.4.2 The Honorary Treasurer shall be responsible for all the funds of the Society whether of a current or saving nature and shall supervise the maintenance of the financial records of ISCoS and any other records as required by law.

4.4.3 The Honorary Treasurer, with the assistance of the Administrator, shall collect subscriptions from individual members and shall make all necessary disbursements.

4.4.4 The Honorary Treasurer shall prepare all financial reports and submit them to the Finance Committee, the Council of ISCoS and the Annual General Meeting of the society.

4.4.5 ISCoS may reimburse reasonable expenses incurred on its behalf if agreed in advance, in writing, by the President and the Honorary Treasurer in response to a written request.

4.4.6 Income shall be derived from subscriptions, fees, donations, proceeds from conferences and sales of publications and reimbursements for costs incurred.

4.4.7 No part of the proceeds or funds of ISCoS shall accrue to the personal benefit of any officer or member of the Society.

4.4.8 The Fiscal Year of ISCoS shall be from January 1 to December 31.

4.4.9 The Executive Committee shall appoint when deemed necessary, an Assistant Honorary Treasurer for a limited period. He/she shall work under the direction of the Honorary Treasurer and have observer status on the Executive Committee.

4.5 THE EDITOR of SPINAL CORD, the MEDICAL JOURNAL of ISCoS

4.5.1 The Editor of SPINAL CORD shall hold office for a period of four years and shall be eligible for re-election.

4.5.2 The Editor shall be responsible for the publishing of SPINAL CORD and shall be entitled to receive an annual honorarium.

4.5.3 In the event of the absence or incapacity of the Editor, one of the Assistant Editors shall replace the Editor as Acting Editor in all duties and responsibilities normally assumed by the Editor until such time as the Editor can resume his/her duties or until the next Annual General Meeting when a new Editor shall be elected.

4.6 EX-OFFICIO OFFICERS

4.6.1 The officers of ISCoS and the chairpersons of standing committees may remain on the Council as ex-officio members for a maximum period of two years after the end of their term of office.

4.7 THE ADMINISTRATOR

4.7.1 The Administrator of ISCoS shall be an employee of the Society. He/she shall be responsible for the secretariat and administration of the Society and will assist all officers of ISCoS including the Executive Committee in accordance with the existing job description. The Administrator shall report to the Honorary Secretary.

4.7.2 His/her rules of employment shall be subject to the law of the country in which he/she resides.

4.7.3 He/she shall be adequately protected by insurance with regards to employer's liability and travel insurance, at the expense of ISCoS.

Article 5

COUNCIL and COMMITTEES

5.1 THE COUNCIL of ISCoS

5.1.1 The Council of ISCoS shall define and review annually the objectives and goals of ISCoS and shall evaluate the activities of the society, its officers and committees.

5.1.2 The Council of ISCoS shall consist of the President, the President-elect, the Vice-Presidents, the Honorary Secretary, the Honorary Treasurer, the Editor of SPINAL CORD, one Assistant Editor, the chairpersons of the standing committees, the chairpersons of the Organising Committees of the current and the next two Annual Scientific Meetings, the ex-officio officers of the society, and nineteen members elected by the Annual General Meeting, a maximum of twelve of which may be representatives of affiliated societies.

- 5.1.3 The chairpersons of the Organising Committee for the current and the next two Annual Scientific Meetings shall be at least ex-officio members of the Council of ISCoS.
- 5.1.4 Council members shall be elected by the Annual General Meeting for a period of two years and shall be eligible for re-election for a further period of two years. At least three new members must be elected to the Council each year.
- 5.1.5 A Council member may resign his office by writing to the Honorary Secretary and his/her resignation shall take effect from the next meeting of the Executive Committee.
- 5.1.6 In case of resignation, removal or death of a Council member the Executive Committee may appoint a successor until the next Annual General Meeting.

5.1.7 In the event of any legal action or litigation against ISCoS, every Officer, Council member, Standing Committee member or Official of ISCoS shall be indemnified out of the funds of ISCoS against all costs charges losses and expenses and liabilities incurred by him/her in the execution and discharge of his/her duties or in relation thereto.

5.2 THE STANDING COMMITTEES

- 5.2.1 The Council of ISCoS shall delegate its authority to a number of standing committees. These shall be: the Executive Committee, the Finance Committee, the Scientific Committee, the Education Committee, the Prevention Committee, the Nominations Committee, the Medal Committee and such other committees as may be required from time to time. All standing committees shall be answerable to the Annual General Meeting of ISCoS through its Council.
- 5.2.2 The chairpersons of the standing committees shall be selected by the President for a period of three years and shall be eligible for a further period of three years. They shall hold at least, ex-officio status on the Council and report to the Council and the Annual General Meeting.
- 5.2.3 The members of standing committees shall be co-opted from the membership of ISCoS by the President and the chairperson of each committee.

5.3 THE EXECUTIVE COMMITTEE

- 5.3.1 The Executive Committee of ISCoS shall consist of the President, the President-Elect, the Honorary Secretary, the Honorary Treasurer and the Editor of SPINAL CORD. The Administrator shall also attend to assist in the preparation of the minutes.
- 5.3.2 The chairmen of the Scientific and Education Committees shall attend an Executive Meeting once a year and give a report on their activities.
- 5.3.3 The Executive Committee shall meet at least once a year to maintain the business of ISCoS between meetings of the Council, at the call of the President, other members of the Committee or the Council of ISCoS through the President.
- 5.3.4 At least one month's notice of such meetings should be given to members of the Committee.
- 5.3.5 The Executive Committee of ISCoS shall be entitled to appoint professional advisers as deemed necessary and invite them to attend the meetings of the Committee.
- 5.3.6 The Executive Committee shall be entitled to appoint employees as deemed necessary.

5.4 THE FINANCE COMMITTEE

- 5.4.1 The Finance Committee shall be responsible for the overall financial direction of all the assets and the budgets of ISCoS.
- 5.4.2 The Finance Committee shall consist of the President, the President-Elect, the Honorary Treasurer, the Honorary Secretary, the immediate past President, when available, as well as other members at the discretion of the President. The Administrator may also attend to assist.
- 5.4.3 The chairperson of the Finance Committee shall report to the Council and to the Annual General Meeting.

5.5 THE SCIENTIFIC COMMITTEE

- 5.5.1 The Scientific Committee shall recommend to the Council and to the Annual General Meeting, topics for future Annual Scientific Meetings. The chairperson of the Scientific Committee shall be responsible, with an ad hoc committee for the selection of scientific papers to be presented at the Annual Scientific Meeting of ISCoS.
- 5.5.2 The elected chairman of the Scientific Committee invites appropriate people to become members. The Honorary Secretary and Editor should be members.

5.6 THE PREVENTION COMMITTEE

- 5.6.1 The Prevention Committee shall promote, in liaison with other relevant international health organisations, the notion of primary prevention of traumatic and non-traumatic spinal cord lesions.
- 5.6.2 The elected chairman of the Prevention Committee invites appropriate people to become members. The Honorary Secretary or a representative of the Executive should be a member.

5.7 THE EDUCATION COMMITTEE

- 5.7.1 The Education Committee shall promote all aspects of teaching and training for individuals involved in the prevention, the management and the rehabilitation and related research of persons with spinal cord lesions.
- 5.7.2. The elected chairman of the Education Committee invites appropriate people to become members. The Honorary Secretary or a representative of the Executive should be a member.

5.8 THE NOMINATIONS COMMITTEE

- 5.8.1 The Nominations Committee shall consist of the President, immediate past President, the President-Elect, the Honorary Secretary, the Honorary Treasurer and two members at large.
- 5.8.2 The Nominations Committee shall recommend new applications for the membership of ISCoS to the AGM.
- 5.8.3 The Nominations Committee shall recommend candidates to the election of officers of the Society and propose nominees for vacancies on the Council. It may receive nominations from any voting member of the society.
- 5.8.4 The Nominations Committee shall recommend to the Annual General Meeting of ISCoS through its Council, members and non-members to be honoured by ISCoS. It may receive nominations from any voting members of the society.

5.9 THE MEDALS COMMITTEE

- 5.9.1 The Medal Committee shall consist exclusively of members who have been awarded the Society Medal. Any voting member of ISCoS may propose a nominee for the annual Society Medal. Only members of the Medal Committee shall be entitled to elect the winner of the annual Society Medal for the current year.

Article 6

MEETING OF THE MEMBERS

6.1 MEETINGS

- 6.1.1 The members of ISCoS shall meet once a year at an Annual General Meeting and at the Annual Scientific Meeting of ISCoS which shall be held together. The date and venue of each meeting shall be circulated to all members by the Honorary Secretary at least twelve weeks in advance.
- 6.1.2 An extraordinary General Meeting may be called at the request of the Council/ the Executive Committee.
- 6.1.3 Any Member who wishes to propose for discussion at the Annual General Meeting, any matters affecting the policy or the Constitution of ISCoS, shall give notice of such a proposal to the Honorary Secretary at least 12 weeks before the date of the meeting.
- 6.1.4 A set of Guidelines shall be available from the Honorary Secretary to the chairpersons of the Organising Committee of future Annual Scientific Meetings.
- 6.1.5 A formal agreement on budget and deficits tailored to each Annual Scientific Meeting shall be drawn for signature between the President of the Society and the Chairperson of the Organising Committee of the Meeting.

6.2 ANNUAL SCIENTIFIC MEETING

- 6.2.1 At the Annual Scientific Meeting the members of the society shall have the opportunity to read papers and present posters.

- 6.2.2 The topics for such presentations shall be agreed in advance. Members shall forward to the Honorary Secretary abstracts of the papers to be presented by a date agreed at a previous AGM. The author or at least one co-author of any such paper shall be a member of ISCoS.
- 6.2.3 The selection of the abstracts offered shall be agreed by an ad hoc scientific committee of ISCoS.
- 6.2.4 The Council of ISCoS may invite distinguished persons to address the Annual Scientific Meeting.
- 6.3 ANNUAL GENERAL MEETING**
- 6.3.1 All members of ISCoS except associate and honorary members shall be entitled to take part in the discussions and the votes at the AGM. They shall be known as the "voting members".
- 6.3.2 To constitute a quorum at any Annual General Meeting, there shall be present at least thirty voting members. If, after fifteen minutes a quorum is not assembled, the President may call an extraordinary Annual General Meeting without need for a quorum. All votes taken at such meetings shall be final.
- 6.3.3 At the Annual General Meeting (AGM) reports and accounts presented by the chairpersons of the standing committees shall be discussed and ratified by the voting members present.
- 6.3.4 At the AGM members, officers and council members shall be elected and/or re-elected and all matters relating to ISCoS dealt with.
- 6.3.5 A resolution put to the vote at the Annual General Meeting shall be decided by a show of hands of the voting members present, unless otherwise decided by the AGM in exceptional circumstances. A majority vote shall be required in all circumstances. The results of the votes shall be announced at the Annual General Meeting.
- 6.5 Members of the Society may organise Regional Scientific Meetings in their region under the scientific umbrella of ISCoS.

Article 7

MEETINGS of OFFICERS and COUNCIL

- 7.1.1 There shall be a Council Meeting at least once a year, preferably before the Annual General Meeting.
- 7.1.2 The presence of ten members of the Council shall be necessary to form a quorum to conduct the business at the Council Meeting. If the number of members attending this meeting is insufficient but at least two members of the Executive Committee are present, such business as those present consider urgent shall be conducted and presented to the Annual General Meeting as a recommendation for ratification.
- 7.1.3 Any member of the Council may, in writing, appoint another full member of ISCoS, who is approved by the majority of members of the Council, to be a substitute, to act in his/her place at any meeting of the Council at which the member is unable to be present. Notice of any such proposed substitution should reach the Honorary Secretary at least two months before the Council Meeting.
- 7.1.4 Every such substitute shall be entitled to receive notices of the meetings of the Council and to attend and vote thereafter as a member of the Council when the person appointing him/her is not personally present.
- 7.1.5 A member of the Council may, at any time, revoke, in writing, the appointment of the deputy nominated by him/her.

Article 8

PUBLICATIONS

8.1 MEDICAL JOURNAL

- 8.1.1 ISCoS shall publish a medical journal controlled by the Editorial Board under the chairmanship of the Editor.
- 8.1.2 The medical journal of ISCoS shall be entitled SPINAL CORD.
- 8.1.3 The Editor shall appoint Assistant Editors, Associate Editors and other members of the Editorial Board.
- 8.1.4 The Editorial Board shall report to the Council and the Annual General Meeting on its work and achievements in the publishing of scientific papers and reports in Spinal Cord.
- 8.1.5 The Editor shall receive, select and publish papers, articles, letters, notices and other such items as he/she deems suitable for the journal.
- 8.1.6 Communications presented at the Annual Scientific Meeting may be given preference for publication in the medical journal of ISCoS at the discretion of the Editor. Full manuscripts of posters accepted for presentation at the Annual Scientific Meeting may also be published in the medical journal of ISCoS.

- 8.1.7 The publishing contract for the medical journal of ISCoS between ISCoS and the Publishers and any amendments to that contract shall be signed by the President, the Honorary Secretary and the representative of the Publishers after consultation with the Editor of the journal.
- 8.1.8 The Publisher of Spinal Cord or his/her representative shall report on the financial aspects of the publishing of the journal to the Executive Committee, the Council and the AGM.

8.2 NEWSLETTER

- 8.2 ISCoS shall publish a Newsletter, under the editorial control of the Honorary Secretary.

Article 9

CHANGES TO THE CONSTITUTION

- 9.1 The members of ISCoS shall be given notice at least eight weeks before the date of the Annual General Meeting of any proposed amendments to the Constitution.
- 9.2 Any amendments to the Constitution require a two-thirds majority of the voting members present at any given Annual General Meeting.

Article 10

VENUE AND DISSOLUTION

- 10.1 The Headquarters office of the Administrator of ISCoS shall be in Aylesbury, Great Britain, where the Society will be appropriately registered. The Society and all questions and disputes arising from the Society's activities, including disputes regarding the obligations and privileges of members shall be subject to English law under the non-exclusive jurisdiction of the English courts.
- 10.2 A decision may be taken by the Council of ISCoS to dissolve the Society. In such case written notice shall be given to all members of ISCoS, seeking their advice on the distribution of the Society's assets and on settlement of any deficits. It shall be a condition of any such distribution that only approved international charitable or scientific organisations or bodies with aims similar to those of ISCoS may benefit.
- 10.3 In case of dissolution all affiliated societies will be notified of the action by the most expeditious mail.

Affiliated Societies

The following associations and societies are affiliated with IMSOP:

- American Paraplegia Society (APS)
- American Spinal Injury Association (ASIA)
- Asian Spinal Cord Network (ASCoN)
- Association Francophone Internationale des Groupes d'Animation de la Paraplégie (AFIGAP)
- Australian and New Zealand Spinal Cord Society (ANZSCoS)
- Chinese Association of Rehabilitation of Disabled Persons - Society of Spinal Cord Injury (CARDP – SoSCI)
- Deutschsprachige Medizinische Gesellschaft für Paraplegie (DMGP)
- Dutch-Flemish Society of Paraplegia (NVDG)
- Japan Medical Society of Spinal Cord Lesions(JASCoL)
- Latin American Society of Paraplegia (SLAP)
- Nordic Spinal Cord Society(NoSCoS)
- Società Medica Italiana di Paraplegia (SoMIPAR)
- Southern African Spinal Cord Association (SASCA)
- Spanish Society of Paraplegia (SEP)
- Spinal Cord Society – Indian Chapter
- Turkish Society of Spinal Cord Diseases (TrSCD)

IN SUMMARY

As you will see from this report, ISCOS has been an active NGO organization promoting health, community and social integration and enhancing quality of life for individuals with spinal cord injury causing multi system physiological impairment and malfunction, psychological, social, financial, environmental and vocational challenges.

ISCOS, previously known as IMSOP, had good collaboration with WHO for about two decades.

ISCoS' interactions with WHO in the past have centered mostly on the topic of prevention of spinal cord injury (SCI). Each year, at the annual scientific meeting, a session is devoted to this subject and a representative of WHO is frequently invited to give a presentation. Dr. Montero gave a sterling lecture on this topic in Munich in 2005 and drew some examples showing how the interests of ISCoS and WHO converge.

By these annual scientific meetings and its journal *Spinal Cord*, ISCoS continues to exercise one of its fundamental purposes, namely the dissemination and translation of knowledge. To help make this material accessible to the developing countries (since our mission is truly international), ISCoS provides the journal free to qualified members in these countries, supports their travel and registration to attend the annual scientific meeting and supports local national and regional SCI societies. Last year, ISCoS provided 2,000 pounds sterling to the Latin American Society's meeting held in Brazil, the Indian Society's meeting held in New Delhi, and the Southeast Asian Society's meeting held in Ho Chi Minh City, Vietnam.

ISCoS has also worked very closely with the North American Society viz the American Spinal Injury Association (ASIA) and the American federally designated Model Spinal Cord Injury Systems to construct a data base for SCI that is user friendly that can be used world-wide (see *Spinal Cord*, 2006, 44: 530 - 546).

ISCoS and ASIA, working together, have developed the internationally recognized and utilized Neurologic Standards for SCI, making outcome studies more reliable. These 2 societies, along with several others are developing another set of standards for autonomic function. This effort is led by Dr. Marca Sipski, currently the president of ASIA and also Vice President of North America for ISCoS and Dr. Fin Biering-Sorenson, Chairman of the ISCoS scientific committee.

You will also see from this report since recognition lapsed ISCOS and WHO have continued to collaborate.

ISCOS will be delighted to acquire reinstatement of its recognition as NGO approved by WHO. This will enhance ISCOS's ability to fulfill its mission and become even more effective in improving the lives of individuals with spinal injuries.

W S EL MASRY FRCS Ed, FRCP Lon
Hon. Sec, ISCOS
President Elect

8.2.07