

ANNUAL REPORT 2014

ENHANCING ACTIVITY, PARTICIPATION
AND AUTONOMY FOR PEOPLE WITH MS



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Content

Message from the President	3
Organisation Profile	4
Why Join RIMS	5
Benefits & Annual fees	6
RIMS Members	7
The Executive Board 2014-2017	9
Management & Administration	10
Special Interest Groups (SIG)	11
SIG Chair Reports 2014	12
RIMS 18th Annual Conference	17
Projects	23
Partnership Work	27
Fellowship Exchange Program	29
Financial Statement	32
Our Sponsors	33
Contact Information	34

MESSAGE FROM THE PRESIDENT

Once again we can look back at 2014 with a full year of positive developments, surprises and changes within our RIMS network.



The highlight for sure was the outstanding Annual Conference of RIMS in Brighton, professionally prepared and run by the MS Trust. Not only was the number of participants and the quality of presentations and workshops impressive - the event also convinced many delegates to join the RIMS community.

The active support by industry partners continued to enable a number of research and best practice projects, including the continued investigation by an international group of experts into new aspects of adherence (ADAMS II), this time focused on rehabilitation interventions and measures. Besides, new joint multi-center data collection studies have started with involvement of physiotherapists and occupational therapists of many centers in Europe and even United States. This positive development of cooperation between academia, practitioners and industry driven by mutual respect for independence and transparency encouraged us to present our current industry partners a bit more in detail in this year's report.

We are also pleased that the progressive MS alliance has granted 5 projects in the domain of rehabilitation assessment and intervention. Amongst them, a feasibility project investigates whether an international MS rehabilitation repository structure may be established.

A substantial change has happened also in the composition of our Executive Board: Vicki Matthews (UK) and Thomas Henze (Germany) left the ES after years of fantastic work for the benefits of RIMS (Thank you, Vicki - Thank you, Thomas), while three new members joined (Jenny Freeman, UK, Daphne Kos, Belgium, Jaume Sastre-Garriga, Spain). With a new Board, a range of interesting projects to come and a positive result in our Profit and Loss statement 2014 we are ready for new challenges and endeavours in 2015.



Peter Feys



ORGANISATION PROFILE

Rehabilitation in Multiple Sclerosis (RIMS), the network of MS Centres in Europe was created in 1991 in Milan, Italy to enhance collaboration by the foremost MS Centres in Europe. Today, we embrace researchers and clinics in our European network for best practice and research.

MISSION

We aim to enhance activity, participation and autonomy of people with MS by developing and advocating evidence-based rehabilitation.

VISION

All people with MS throughout Europe have access to evidence-based rehabilitation when they need it.

AIMS

- Raise the profile of rehabilitation in MS and attract the best researchers and practitioners.
- Improve the understanding of rehabilitation and its relevance at every stage of MS.
- Manage the generation of new evidence on rehabilitation in MS by facilitating interaction between researchers and practitioners.
- Stimulate the implementation of new and existing evidence-based rehabilitation.
- Educate and train practitioners to integrate evidence into clinical practice

WHY JOIN RIMS?

RIMS is a fruitful network for all professionals working in the field of MS. Therefore we encourage all MS Centres, MS patient organisations and individual healthcare professionals and researchers to join the network.

These are some of the benefits of joining RIMS, together with a supportive network to exchange best practice, innovation and above all friendship and shared purposes to improve the lives of those who are living with MS. RIMS is an active network for MS professionals, researchers and centres. Membership gives you access to the resources of the network, encourages study-visits, enables exchange of best practice and other skill improving activities.



Individual members as well as all professionals from a member centre are able to get a RIMS Annual Conference registration fee at a special reduced member price.



A number of Special Interest Groups (SIG's) have been established. The groups meet at least once a year during RIMS annual conference. The SIG's also organise professional annual in-between workshops, which are supported financially by RIMS. For SIG in-between workshops, the member centres' professionals are offered one free hotel night and free meals for such occasions.



RIMS offers a Fellowship Exchange Programme to young European professionals, preferably non-doctors, to facilitate their training in MS rehabilitation at RIMS member centres. The aim of the programme is to promote the multidisciplinary approach to rehabilitation in MS and to encourage the exchange of information and professional growth for those working in the field of MS.



RIMS will support up to five fellowships annually, each with duration of one week, with a fellowship of €1000.



RIMS offer a special Grant Program to support multi-centre studies, a shared best practice network, or a SIG project. RIMS will support up to two grants annually, with a sum of max €5000 per one project.



The Grant is available for European professionals, in order to facilitate their projects related to MS. At least three members (individual or centres) from three different European countries have to be involved.



Some of the SIG's have published papers or pamphlets on important MS issues. These are distributed among RIMS members.

RIMS PROJECT WINNER 2014

Primary applicant: Ana Ožura

Co-applicants:

Jana Pöttgen, Anita Rose, Päivi Hämäläinen,
Linna Vahter, Michelle Pirard, Julia Segal

Co-investigators:

Jannie Englebrecht, Carolina Cerqueda Santacreu

BE A PART OF RIMS

400€

CENTRE
Annual
Membership
Fee

100€

INDIVIDUAL
Annual
Membership
Fee

25€

STUDENT
Annual
Membership
Fee

PAY ONLINE *or* **PAY VIA BANK**

Register at our website:
[www.eurims.org/administration/
how-to-join.html](http://www.eurims.org/administration/how-to-join.html)



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BIC: GEBABEBB
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B-2800 Mechelen
Belgium

Please contact secretariat@eurims.org for more information

RIMS MEMBERS



At the end of year 2014, RIMS had altogether 36 member centres/organisations, 52 individual members, and 13 student members. According to the by-laws, a member is no longer considered to be a member following failure of payment of the membership fee for two (consecutive or non-consecutive) years.

The RIMS Member Coordinator keeps an updated contact details of all members.

CENTRES/ORGANISATIONS

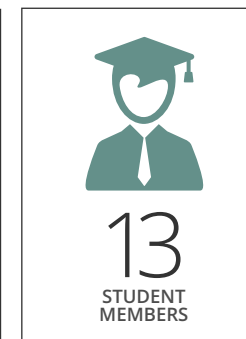
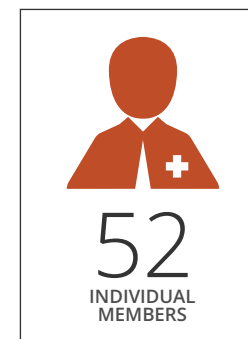
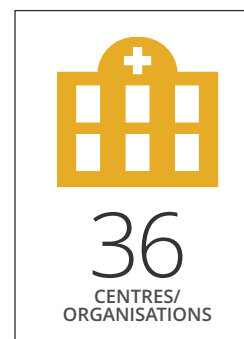
Belgium
Denmark
Finland
Germany
Italy
Netherlands
Poland
Slovakia
Slovenia
Spain
Sweden
Switzerland
Belgium

INDIVIDUAL MEMBERS

Czech Republic
Cyprus
Denmark
Germany
United Kingdom
Ireland
Israel
Italy
Latvia
Netherlands
Norway
Poland
Romania
Serbia

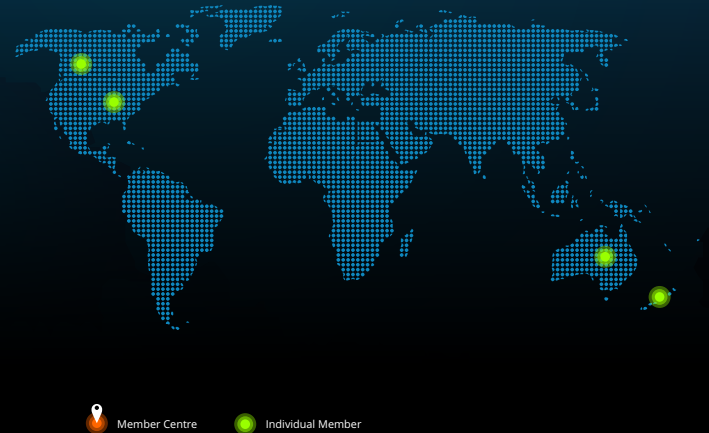
STUDENT MEMBERS

Switzerland
Sweden
Australia
Canada
New Zealand
USA



OUR MEMBERS ACROSS EUROPE

OUR MEMBERS ACROSS THE REST OF THE WORLD



THE EXECUTIVE BOARD 2014-2017

RIMS is managed by an Executive Board, which — according to the by-laws — is composed of eight elected officers, including the President, Secretary and the Treasurer. The Executive Board held 4 meetings during the year 2014. These were in Amsterdam (2 February), Brighton (6 June), Copenhagen (16 May), and Amsterdam (22 September).

NAME	BACKGROUND	COUNTRY
Peter Feys President	Rehabilitation Sciences and Physiotherapy (PhD)	Hasselt (Belgium)
Ulrik Dalgas Secretary	Sport Scientist (PhD)	Aarhus (Denmark)
Daphne Kos Membership Officer	OT (PhD)	Leuven & Antwerp (Belgium)
Vincent de Groot Treasurer	Rehabilitation Physician (PhD)	Amsterdam (Netherlands)
Päivi Hämäläinen SIG Officer	NeuroPsychologist (PhD); Head of rehabilitation center	Masku (Finland)
Christoph Heesen Board Member	Neurologist (PhD)	Hamburg (Germany)
Alessandra Solari Board Member	Neurologist (PhD)	Milan (Italy)
Jenny Freeman Board Member	PT (PhD)	Plymouth (UK)
Jaume Sastre Garrigo Board Member	MD	Barcelona (Spain)
Victoria Matthews EB Affiliated Nurse	Nurse, MSc, RGN	London (UK)



The executive board of RIMS, from left to right: U. Dalgas (DK), P. Feys (B), C. Heesen (G), J. Sastre Garriga (ES), V. de Groot (NL), J. Freeman (UK), D. Kos (B), A. Solari (I), and P. Hämäläinen (Fi)



MANAGEMENT & ADMINISTRATION

Since October 2012, the Executive Board decided to change the day-to-day management of the association fundamentally through the establishment of a professional secretariat, consisting of:

SECRETARIAT (OUTGOING)

Caryl Thalheim
caryl.bongoyan@gmail.com

provides administrative support in close cooperation with the president and other members of the EB.

SECRETARIAT (INCOMING)

Lousin Moumdjian
secretariat@eurims.org

provides administrative support in close cooperation with the president and other members of the EB.

WEBMASTER

Peter Van den Nieuwenhof
webmaster@eurims.org

continues his work as RIMS webmaster.

PUBLIC AFFAIRS

Christoph Thalheim
publicaffairs@eurims.org

was appointed as freelance consultant for Public Affairs, with a focus on relations with industry (including fundraising), European and multi-partner projects and networking with the European institutions and other stakeholders.

► SPECIAL INTEREST GROUPS (SIG)

The Executive Board has established a number of Special Interest Groups (SIG). These groups aim to promote research and improve the management of persons with MS and their caregivers. Traditionally, a annual conference and intensive “in-between” meetings of 1½ to 2 days take place between conferences. During “in-between” SIG meetings at one of the member centres across Europe, there are scientific and clinical presentations on a chosen topic as well as free presentations. A clinical or practical session (e.g. patient cases, demonstration of technology; visit to a centre) is sometimes also organised.



SIG	CHAIR	CO - CHAIR
Mobility	Anders Romberg, PhD, PT * Finland	Paul Van Asch, PT Belgium
Occupation	Daphne Kos, OT, PhD Belgium	Tarja Huilla, OT ** Finland
Psychology & Neuropsychology	Liina Vahter, PhD Neuropsychologist Estonia	Anita Rose, Neuropsychologist UK
Bladder, Bowel & Sexual Problems	Laura Lopes, MD Italy	Piet Eelen, Chief nurse Belgium
Communication & Swallowing problems	Antonella Nota, Speech therapist Belgium	Marta Renom, Speech therapist Spain
Patient Education	Christoph Heesen, PhD, MD Germany	Alessandra Solari, MD Italy

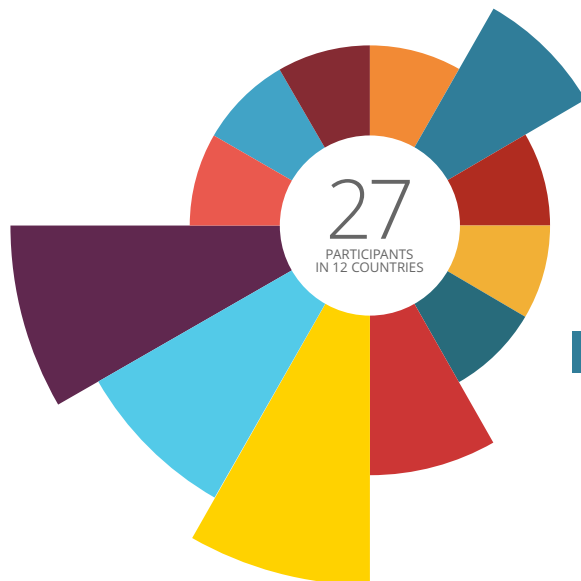


SIG REPORTS ► OCCUPATION

27-29 November 2014 | Barcelona, Spain

HOST: CEMCAT (Multiple Sclerosis Centre of Catalonia)

LOCAL ORGANIZER: Núria Filló



Belgium	Denmark
Finland	Ireland
Netherlands	Norway
Poland	Romania
Slovenia	Spain
United Kingdom	



SIG REPORTS ► OCCUPATION

November 27-29, 2014

CHAIR/CO-CHAIR POSITIONS

Daphne (current chair) is elected for the Executive Board of RIMS and wish to step down from the SIG Occupation chair position. Tarja Huilla (current co-chair of SIG Occupation) would like to open the position of co-chair as well.

During the RIMS conference in Milan, all SIG chairs and co-chairs are (re)elected. Candidates, who are interested in taking this position, will be requested to send his/her candidacy to the RIMS executive board.

In case there are more candidates, we will organize a voting (based on a short presentation) during the conference.

PREPARATION FOR NEXT MEETINGS

Ideas for next meetings formulated by the group:

Meeting during RIMS conference in Milan (I) (April 10-11, 2015):

- Report of SIG Occupation meeting Barcelona 2014
- Follow-up on own behavioural changes – how did we implement guidelines, evidence etc.?
- Socio-economic issues (e.g. how does economic situation influence way of working)
- Outcome measures (including own workload, stress etc.) (cognitive problems in ADL) (is related to theme of the RIMS conference)

Next in-between meeting (Autumn 2015, location to be confirmed):

- Outcome measures (including own workload, stress etc. & cognitive problems in ADL)
- MS guidelines for OT's
- How can OT make a difference?
- How do/can we use user-feedback in the design of our services
- Identity of OT?

TAKE HOME MESSAGES (FORMULATED BY THE GROUP)

- Different approaches about change of behaviour
- Different factors playing a role in change of behaviour
- Coaching = other role than therapist – difference between therapeutic approach and coaching
- Question: when are you using coaching techniques and for whom?
- Coaching is not specific for OT – may be a thread for OT – other competences
- Consistencies in use of models & evidence – positive trend!
- Awareness of need for EBP is increased by (preparation of) this meeting
- All presentations focussed on occupation ► identity of profession seems to be strong (which is positive)
- We do not stand alone in the process of changing behaviour and should also integrate clients/patients in guidelines
- Idea: prepare clients before they enter into (occupational) therapy
 - use of "acceptance group"
 - readiness to change questionnaire
 - responsibility on client
- Economic picture of new, independent services ► awareness of "luxury" situation in clinical settings
- It is important to speak the language of the profession
- Fatigue management – only behavioural change? ► who will respond to fatigue management?



SIG REPORTS ► MOBILITY

September 26-27, 2014 | Bergen, Norway

HOSTED BY the SIG Mobility, Chairs Anders Romberg and Paul Van Asch, Norway

LOCAL ORGANIZER: Tori Smedal

The meeting was organized in collaboration with:

The Physiotherapy Research Group,
Department of Public Global Health and Primary Care,
University of Bergen; Department of Health and Care Sciences,
Faculty of Health Sciences, University of Tromsø and
Department of Physiotherapy, Haukeland University Hospital.



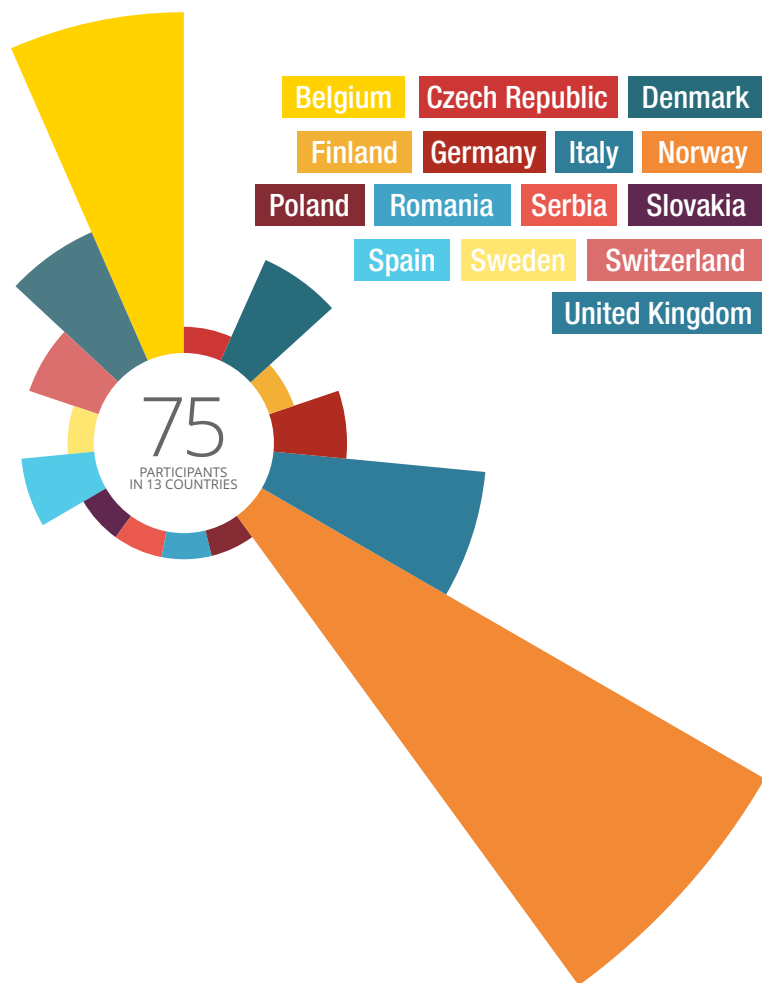
The following sponsors offered their valuable support:

Almirall Nordic
Biogen Idec Norway AS
Cypromed AS
Teva Scandinavia



SIG REPORTS ► MOBILITY

September 26-27, 2014



SUMMARY REPORT

The annual SIG Mobility in-between meeting was arranged in Bergen, Norway on 26th and 27th September under the title "Challenges in physical rehabilitation in MS – integrating qualitative and quantitative approaches". The event was attended by an outstanding number of 75 participants from 13 countries, which is – again – a new attendee record. The formal programme included 25 presentations as well as a 2½ hour clinical workshop. These were accompanied by a well-deserved event dinner at the top of the gorgeous Mount Fløyen. The atmosphere in the meeting was excellent throughout. One could almost sense a special "SIG Mobility spirit" hanging in the air. This was not the least because of the handpicked meeting venue and hard work done by the local organizer Tori Smedal and her colleagues.

Meeting feedback indicated a high satisfaction with the organization, programme and other aspects of the event. According to selected answers, the meeting was perfectly organized and met well practically all respondents' expectations. Moreover, it seemed to cover a good mixture of both research and practical issues. Conversely, over the second day particularly, the number of presentations was considered as too high, while time for more discussion and practice would have been preferred instead. Taken together, Bergen meeting was an incontrovertible success. Nevertheless, particularly given the high attendee rate, there clearly exists some need to revise the event structure in the coming in-between meetings. The challenge is to ensure enough space for interaction and reflections of novel ideas aloud.



RIMS 18TH ANNUAL CONFERENCE

SUPPORTING BEHAVIOUR CHANGE: LINKING SCIENCE TO CLINICAL PRACTICE

This year's annual conference took place in Brighton, UK on June 6-7th 2014 with the option to also attend pre-conference masterclasses on June 5th in London. The meeting was organized by RIMS and the MS Trust, in collaboration with Queen Square Hospital/UCL.

A total of 362 delegates attended the RIMS 2014 Conference from 26 countries.

CONFERENCE HIGHLIGHTS

In early June, the MS Trust co-hosted the 2014 RIMS (Rehabilitation in MS) Conference alongside University College London Hospitals Foundation Trust. This is the first time RIMS has been held in the UK and the theme of the conference was "Supporting behaviour change, linking science to clinical practice." The conference gave the 326 delegates from Europe and beyond the opportunity to learn, share best practice, network, and hear key clinical and opinion leaders in the field of MS. As well as hailing from 26 different countries, the delegates represented a wide variety of professions including MS nurses, physiotherapists, occupational therapists, GPs, psychologists, social workers and speech and language therapists.





FACTORS INFLUENCING BEHAVIOUR CHANGE

The conference opened with Jared Bruce, University of Missouri, USA. He discussed the poor adherence rates to MS treatment, with 40-50% of patients failing to adhere after two years. He looked at some of the cognitive, emotional, lifestyle and medical issues that can contribute to this including anxiety and depression, and then went on to explore avenues for improving adherence to both medical and behavioural rehabilitation interventions.

OTHER PLENARY SESSIONS

Rona Moss-Morris, King's College, London, discussed a cognitive behavioural therapy (CBT) programme designed to assist people with MS adjust to their diagnosis. Furthermore, the development of mindfulness programme was discussed for people with progressive MS.

Klaus Pfeifer, University of Erlangen-Nurnberg, Germany, described the development of a 'Behavioural Exercise Therapy' programme to promote physical activity in people with neurological conditions.

Paul van Asch, National MS Center, Belgium, presented a review of the many international sporting events that have been organised by *Move to Sport*. This organisation provides educational sessions for health professionals, sport and fitness coaches with an aim of enabling people with MS to participate in sporting activities in their own environment.

Delegates by Country	Number
Australia	3
Austria	2
Belgium	21
Canada	2
Cyprus	1
Czech Republic	3
Denmark	21
Estonia	4
Finland	24
Germany	12
Greece	1
Hungary	1
Ireland	6
Israel	2
Italy	20
Netherlands	23
New Zealand	2
Norway	6
Poland	5
Serbia	1
Slovakia	4
Slovenia	1
Spain	17
Sweden	14
Switzerland	3
UK	162
USA	1

Delegates by discipline	Participants
Exercise Physiologist	4
GP	2
Lecturer	60
Neurologist	13
Neuropsychologist	5
Nurse	78
Occupational Therapist	35
Physiotherapist	3
Psychologist	88
Rehabilitation Physician	29
Social Worker	5
Speech & Language Therapist	4

Speakers by discipline	Participants
Counselling	1
Independent living	1
MS General	3
MS Lecturer Practitioner	1
MS Specialist Nurse	3
Neurology	9
Neuropsychology	2
Occupational Therapy	5
Palliative Care	2
Physiotherapy	3
Psychology	4
Rehabilitation	7
Research	2
Speech & Language	1

 **362**

Number of delegates who attended the RIMS 2014 Conference from 26 countries.

 **48**

Number of speakers from 11 countries across 15 disciplines during the conference.

Speakers by Country	Number
Belgium	5
Czech Republic	1
Denmark	1
Germany	3
Ireland	1
Italy	2
Netherlands	1
Norway	1
Slovenia	1
UK	31
USA	1

RIMS 18TH ANNUAL CONFERENCE

THE PATIENT PERSPECTIVE:

WHAT IS BEHAVIOURAL CHANGE ABOUT AND HOW DOES IT MANIFEST IN 'REAL LIFE'?

In a first for RIMS, two people with MS were invited to give their perspective on the reality of being given a diagnosis of MS, the challenges it brings to everyday life, and how they negotiate the upsets to restore and empower their lives. This session was extremely well received by the audience.

Shana Pezaro, Trustee, the Federation Centre for Independent Living, discussed how different forms of exercise including squats and half-marathons have helped her manage her current health. She described how it had both helped her lose weight and transformed her confidence to the extent that she started dating again. Emma Rogan, Project Coordinator, European MS Platform chose to speak about how taking care of your mental well-being is important as your physical fitness to help you build resilience for the years ahead.

SEMINAR SESSIONS

Delegates had the opportunity to attend three seminar sessions throughout the conference. There were 14 sessions to choose from. These topics included:

- group and individual programmes for fatigue management
- mindfulness to support behaviour change
- effects of cognitive difficulties on everyday life
- maintaining mobility – functional electrical stimulation, fampridine and intrathecal baclofen.



RIMS 18TH ANNUAL CONFERENCE

RIMS HONORARY LECTURE

The final lecture was provided by Professor Alan Thompson, Dean, UCL Faculty of Brain Sciences, University College London, and former RIMS president (1996-1999) who described the formation of the Progressive MS Alliance to address the needs of people with progressive MS, who constitute over 50% of the MS population.

Management of progressive MS currently focuses on rehabilitation and symptom management as there is no effective treatment to slow or stop progression. However, there is a decided lack of studies focusing on this field, therefore the Progressive MS Alliance hopes to encourage innovative studies that will address both cognitive and motor dysfunction.

Although the ultimate goal is to find treatments that will delay and prevent progression, Professor Thompson strongly believes that good quality rehabilitation and symptom management trials are needed to improve the quality of life for those with progressive MS, and therefore they too need to be a key focus for research over the next decade.





POSTERS

Nearly 100 posters were displayed at the conference on a wide variety of topics. Platform presentations included health management, the economic burden of MS, bladder and bowel function and exercise treatment. All other researchers who had posters accepted were given one minute to sum up their research findings in the 'speed poster presentation' slots, which proved to be both lively and informative sessions.

The prize for the best oral presentation went to Jon Marsden, UK for his talk on the 'Effect of localised lower limb warming and cooling on neuromuscular impairments and functional ability.'

The prize for the best poster presentation went to Paul Taylor, UK for his poster 'A comparison of external and implanted FES for correction of dropped foot in MS.'

BEST POSTER PRESENTATIONS

FIRST PLACE

A comparison of external and implanted FES for correction of dropped foot in MS
Paul Taylor, UK (poster # 89)

SECOND PLACE

Information provision for people with MS:
a Cochrane Review
Sacha Köpke, Germany (poster # 47)

THIRD PLACE

Adherence to and satisfaction with mobility device prescription in MS
Samuel Sanchez-Pous, Spain (poster # 81)

BEST ORAL PRESENTATIONS

FIRST PLACE

Effect of localised lower limb warming and cooling on neuromuscular impairments and functional ability
Jon Marsden, UK

SECOND PLACE

How does MS affect physical behaviour: a comparison with healthy controls.
LJM Blikman, NL

THIRD PLACE

Social isolation amongst severely impaired people with MS: choice, control & identity
S Robens, UK

PROJECTS

ADHERENCE IN MULTIPLE SCLEROSIS (ADAMS)

ADAMS
Adherence in Multiple Sclerosis

with support from
NOVARTIS **biogen idec**

The ADAMS ('Adherence in MS') project, with Chris Heesen as its project leader, has been launched in April 2013 with a strategic conference and nested focus group meeting bringing together experts from different backgrounds in Brussels. A meeting report has been recently published (Heesen C et al. Mult Scler. 2014 Apr 22. Epub ahead of print).

The second ADAMS conference was held last June 2014 in London, focusing on adherence in non pharmacological interventions. As for the first conference, a focus group meeting of experts from different disciplines and backgrounds was a part of the conference.

RIMS believes that adherence in MS is more than taking medication regularly. ADAMS is about personal lifestyle, values and choices, and portrays disease modifying as symptomatic treatments, rehabilitation, and behavioral interventions. Assessment of existing knowledge and experiences of different players and the development of a joint proposal by the panel of experts on further actions in this field are the two main aims of ADAMS.

For more information, please visit
www.eurims.org/Programs/adams-introduction-and-aims.html

Meeting Review

Adherence in multiple sclerosis (ADAMS): Classification, relevance, and research needs. A meeting report

Christoph Heesen, Jared Bruce, Peter Feys, Jaume Sastre-Garriga, Alessandra Solari, Lina Eliasson, Vicki Matthews, Bettina Hausmann, Amy Perrin Ross, Miho Asano, Kaisa Imonen-Charalambous, Sascha Köpke, Wendy Clyne, and Paul Bissell



Background: Adherence to medical interventions is a global problem. With an increasing amount of partially effective but expensive drug treatments adherence is increasingly relevant in multiple sclerosis (MS). Perceived lack of efficacy and side effects as well as neuropsychiatric factors such as forgetfulness, fatigue and depression are major determinants. However, research on adherence to behavioural interventions as part of rehabilitative interventions has only rarely been studied.

Methods: In a one-day meeting health researchers as well as patient representatives and other stakeholders discussed adherence issues in MS and developed a general draft research agenda within a focus group session.

Results: The focus group addressed four major areas: (1) focussing patients and their informal team; (2) studying health care professionals; (3) comparing practice across cultures; and (4) studying new adherence interventions.

Conclusions: A focus on patient preferences as well as a non-judgemental discussion on adherence issues with patients should be at the core of adherence work.



PROJECTS

PHYSICAL REHABILITATION FOR PERSONS WITH MS: TOWARDS TRANSPARENCY AND EVIDENCE-BASED PRACTICE IN EUROPE (PART 2)

Novartis is asked to consider support for further project continuation and elaboration in 2014 for following RIMS activities. Amongst other, new multi-center studies will be initiated with extension to MS research and clinical units in the United States.

- elaborate the findings (part A) and research activities (part B) of the previous project
- initiate new multi-center studies on the responsiveness of outcome measures after physical rehabilitation on mobility beyond walking speed as well as upper limb function, also involving US centers
- translate findings into (selection of) education material with proof-of-concept testing



PHYSIOTHERAPY IN EUROPE: KNOWLEDGE VERSUS PRACTICE

Kamila Rasova

In Europe, methods of physical therapy for examination and therapeutic approaches in MS differ in practice. To date, no consensus exists on what examination system and therapeutic approach is the most effective.

Thus, a multi center European on-line questionnaire survey CPHYREQUEST was realized with the following aims: i) to monitor knowledge and usage of physical therapy (PT) methods (therapies, assessments, etc.) among Europe and to identify the mostly known and used methods ii) to compare European countries/regions in their knowledge and usage of PT methods, and in their understanding to known PT methods iii) to compare European countries/regions in organisation of PT care.

The Survey had three stages: (1) country representatives were asked to describe the setting(s) in which PT is delivered in a short narrative; (2) representatives of (workplaces) rehabilitation facilities where PT is delivered to MS patients were asked to fill in a short questionnaire on their workplaces; (3) therapists who provide PT to MS patients were asked to answer a comprehensive questionnaire to describe the approaches they know and use in MS rehabilitation. Participants: 28 counties in stage 1; 80 rehabilitation facilities within 23 countries in stage 2; 217 therapists in stage 3.

For detailed information on the study and study results, refer to: Rasova K, Martinkova P, Cattaneo D, Jonsdottir J, Henze T, Baert I, et al. Physical therapy in multiple sclerosis differs across Europe: Information regarding an ongoing study. The Journal of international medical research. 2014.

MULTI-CENTER COLLABORATION ON MOBILITY AND ARM FUNCTION MEASURES MCS & PMSA PROJECT

In our previous multi-center studies on walking measures, we have proposed a core set of walking measures by

- investigating walking capacity and ability in several types of MS
- enquiring within-day and between-day variability of walking capacity tests
- investigating the differential effect of various short and long walk test formats (static start, dynamic start, usual speed, fast speed) on gait velocity
- examining the relation between these walking capacity tests
- comparing the responsiveness of five walking measures (short and long walking capacity tests and patient-reported walking ability questionnaire) and providing reference values of clinically meaningful improvement after rehabilitation

This enables clinicians and researchers to make evidence-based choices regarding their selection of most appropriate walking measures.

Participating countries: Belgium, Czech Republic, Denmark, Italy, Israel, Norway, Poland, Slovenia, Spain and the US.

TOWARDS AN INTERNATIONAL MS REHABILITATION REPOSITORY

The **Progressive Multiple Sclerosis Alliance** (PMSA) funded an infrastructure award for progressive MS research entitled “Towards a Shared Data Repository to Enhance the Standards of Rehabilitation in MS: Feasibility and Capacity Building”, under the lead of Prof Dr. Peter Feys (University of Hasselt, EU) and Prof Dr. Joanne Wagner (Saint Louis University, US).

This projects aims to prepare the development of a repository infrastructure to retrospectively assemble data describing and investigating the effects of different rehabilitation interventions and measures, and prospectively to stimulate MS centers, researchers, and clinicians to collect and share data with uniform outcome measures for specific research questions. Conditions for sharing data will be established by consulting key stakeholders (researchers and clinicians, peer-reviewed journals, umbrella organizations, etc) in respect to legal international frameworks for data transfer. Initial data sharing for proof of concept will be performed in the domain of physical rehabilitation; however this may be broadened to overall MS rehabilitation in the future.

More information can be found on our website at www.MSRehabRep.org and at the PMSA website www.progressiveMSalliance.org

PARTNERSHIP WORK

ECTRIMS NURSE FELLOWSHIP PROGRAM



ECTRIMS offers a multiple sclerosis nurse training fellowship programme for qualified/licensed European nurses to provide the opportunity to obtain additional expertise through practical nursing experience and training in a mentored MS environment in Europe. The aim of the programme is to enhance care and support of individuals with MS by fostering improved clinical care and education and by helping to promote best practices in nursing care throughout Europe.

The training period must be for a minimum of 6 months or up to one year in duration. Generally, a maximum of three fellowships will be awarded each year.

For more specific programme details and application materials, see www.ectrims.eu/ectrims-multiple-sclerosis-nurse-training-programme.

BRAI.NS 2014



RIMS was a leading participant in a two-day conference focusing on brain-related issues - BRAI.NS 2014 - organised on 14-15 February, in Barcelona, Spain.

EMSP's President John Golding and Deputy CEO Christoph Thalheim gave keynote speeches in front of a specialised attendance of more than 500 stakeholders from the fields of neurology, brain disorders and research - university professors, neurologists, EU decision-makers and industry partners among them.

John Golding and his wife Elisabeth delivered an inspiring presentation from a patient/ carer perspective, telling the story of how they coped and are coping with multiple sclerosis.



Participants at the EMSP Annual Conference in Dublin watch a video message from European Commissioner for Health and Consumer Policy Tonio Borg, while EMSP President John Golding and RIMS Peter Feys look on.

PARTNERSHIP WORK



International Journal of MS Care

IJMSC is a peer-reviewed international bi-monthly publication focusing on multiple sclerosis and related autoimmune disorders of the central nervous system. The primary goal of IJMSC is to publish original articles covering various clinical aspects of MS, particularly those relevant to the multidisciplinary management of the disease and its consequences.

Topics include neurologic, nursing, rehabilitative, psychological, and psychosocial care and quality-of-life issues of people with MS and reflect the diversity of the journal's readership. Categories of manuscripts considered include original research, clinically relevant reviews of the literature, case reports, consensus statements, controversies, book reviews, and letters to the editor.

For more information, please visit <http://ijmsc.org/>

Other Endorsements

RIMS has also endorsed the following activities in 2014:

Excemed Preceptorship on Rehabilitation

September 2014 in Valens, CH

This preceptorship course provided attendees with an update on the newest insights into MS rehabilitation, including neuromodulation and cognitive rehabilitation. Attendees also understood the benefits of rehabilitation programmes on those other aspects of patient health that are currently often unknown or overlooked. Additionally they had the opportunity to observe and learn how to effectively apply physiotherapy interventions from a renowned rehab MS team.

For more information, please visit:

<http://www.neurology.excemed.org/en/neurology/meetings/symposia/faculty.html>

IMSCOG Conference 2014

June 2014 in Barcelona, Spain

The International MS Cognition Society gathered researchers and clinicians around the world who are engaged in the care of MS patients with a specific focus on cognition and other closely related symptoms such as fatigue, depression and anxiety. The aim of the 3rd conference was to create a solid platform for discussion and sharing of the most updated knowledge about a highly relevant topic for Multiple Sclerosis patients' quality of life, from world renowned professionals.

For more information, please visit:

<http://www.imscogs.com/conference-barcelona-2014.aspx>

FELLOWSHIP EXCHANGE PROGRAM

RIMS offers a fellowship exchange programme (RIMS RFEP), which started in Autumn 2008, to young European professionals, preferably non-doctors, in order to facilitate their training in rehabilitation related to Multiple Sclerosis among RIMS member centres. The goal of the programme is to promote the multidisciplinary approach to rehabilitation in MS and to encourage the exchange of information and professional growth for those working in the field of MS.



Application form
RIMS Fellowship Exchange Program (RIMS RFEP)

Full name: Mariusz Kowalewski

Occupation: neurologist
Centre: Centrum Rehabilitacji SM im. Jana Pawła II
(John Paul II MS Rehabilitation Centre in Borne Sulimowo, Poland)

Mailing Address:

Szpitalna 5, 78-449 Borne Sulimowo, Poland

Country: Poland

Email: m.kowalewski@centrumsm
The centre I wish to visit: Multiple Sclerosis Center of Catalonia (Cemcat)
In Barcelona Spain

The time I wish to visit: 24.03.2014 – 29.03.2014
The goal of the visit:

I would like to gain more knowledge and experience in neuro-rehabilitation.
This would also increase my abilities in English language.

You or your centre have been RIMS member since 2009

Do you belong to any of the RIMS SIG groups? If yes, which _____

What is your native language? Polish

Are you able to speak English? Yes No ☐

Add your short CV and also additional recommendations if you have them.

See the attachment – file: M Kowalewski – CV eng

Return this form to RIMS Executive Board, President Peter Feys
University of Hasselt, Agoralaan gebouw A, 3590 Diepenbeek, Belgium

MARIUSZ KOWALEWSKI

Centre visited:

Centre d'Esclerosi Multiple de Catalunya, Barcelona, Spain
22.03.2014 – 30.03.2014

Academic Assessment: Excellent

Personal Assessment: Excellent

General Evaluation of the stay: Excellent

Did you achieve the goal expected? Yes

Could you recommend the centre? Yes

Positive aspects during the stay at the centre:

- At this time I could observe a complex rehabilitation process at Cemcat . I took the full advantage to diversify my knowledge and experience. It inspired me to implement at my centre the following: group meetings for different activities – speech and swallowing therapy, cognitive rehabilitation, occupational therapy and kinesy-therapy. I had a possibility to see elements of tele-rehabilitation and tele-conferencing. It was very important for me because at present we are working at establishing an e-Institute.
- It was very profitable to meet more professionals in neuro-rehabilitation and I hope that our centre will cooperate in the future. At a meeting with Dr. Xavier



- Montalban, I invited my Spanish colleagues to come for a study visit to Borne Sulinowo.

Negative aspects during the stay at the centre: None.

Any other comments on the visit?

- During the stay, I could see a lot of empathy and kindness in relationships between the medical professionals and patients. At our centre we pay attention to proper relationship and, personally, I believe it's the most important aspect of rehabilitation. Another comment I have is about hospitality which I experienced everywhere and from everyone I met.

Any suggestions on how to improve the functioning of the RIMS Fellowship Exchange Program (RIMS RFEP)?

- One of my colleagues, when she was looking for a centre and sent her application, did not receive any reply.
- It would be good if RIMS RFEP had a database with centres which are willing to facilitate the exchange program.

DR. KOWALEWSKI'S CEMCAT STUDY VISIT PROGRAMME

MONDAY 24TH MARCH, 2014

9:30h Physiotherapy, 11:00h Occupational therapy: independent life lab
11:30h Occupational therapy: ataxia group, 12:30h Physiotherapy
15:30h Cemcat general session

TUESDAY 25TH MARCH, 2014

9:30h Physiotherapy, 11:30h Psychotherapy: patients with cognitive impairment circuit, 12:30h Psychotherapy: moderate cognitive stimulation
PM: Clinical session

WEDNESDAY 26TH MARCH, 2014

9:30h – 13:30h Consultations + Social work (11:30h there is a chance to join Speech therapy: dysarthria group), 14:30h Occupational therapy: daily life activities instruments, 15:30h Nursing

THURSDAY 27TH MARCH, 2014

9:30h – 13:30h Consultations (Possibly 9:30h Recreational therapy), 10:30h Speech therapy: dysarthria group, 11:30 - 12:30h Reading group
14:30 Speech therapy: Cognitive rehabilitation, 15:30 Boccia

FRIDAY 28TH MARCH, 2014

9:30h Recreational therapy, 11:30h Psychotherapy: Compensatory strategies.
12:30h occupational therapy: Upper extremities paresis group.

FELLOWSHIP EXCHANGE PROGRAM

DHOOGHE NATHALIE & BREULS DE TIECKEN MAGALI

Centre visited:

Neurologisch Revalidatiecentrum van Masku, Finland

20.01.2014 – 23.01.2014

We are, Nathalie and me, currently working at the National Centre for Multiple Sclerosis for over 2 years. We share his mission, and especially the constant search for improved patient care.

Regarding the sharing of information, we could go even further, beyond our borders.

We learned that the Rims supported initiatives / projects around the MS across Europe offering a scholarship. So we have chosen the center Masku thanks to its reputation for excellence.

We were directly welcomed by Anders, Mia and the team. Spending a week allowed us to be aware of their operation, their techniques and their vision of the disease and its management. We also met a responsible of each service, and we could ask them any questions. Then we presented all this information to our colleagues

This exchange was beneficial, both humanly and technically. We discovered new methods, new ways of thinking, and tended an open critical mind.

We recommended this kind of exchange to encourage innovations to further improve our profession and so maximize our rehabilitation process for patients.



FINANCIAL STATEMENT

CURRENT BALANCE		
BE32001504450802		
1/1/2014	€	25,867
1/1/2015	€	177,165
SAVINGS BALANCE		
BE76047051101195		
1/1/2014	€	81,282
1/1/2015	€	81,583

	In	Out	Total
1. Income	€ 393,727	€	393,727
Conference funding	€ 10,000	€	10,000
Corefunding	€ 20,000	€	20,000
Interest	€ 39	€	39
Membership: centers	€ 16,768	€	16,768
Membership: individuals	€ 5,440	€	5,440
Membership: students	€ 321	€	321
Project funding	€ 341,159	€	341,159
2. Executive board	€ 443	€ 74,967-	€ 74,524-
Accountant		€ 759-	€ 759-
Adminstrator		€ 20,000-	€ 20,000-
Consultancy		€ 31,600-	€ 31,600-
Meetings	€ 443	€ 13,247-	€ 12,804-
Office costs		€ 6,261-	€ 6,261-
Website		€ 3,100-	€ 3,100-
3. SIG	€ 972	€ 12,821-	€ 11,849-
Communication		€ 1,588-	€ 1,588-
Mobility		€ 7,500-	€ 7,500-
Occupation		€ 2,761-	€ 2,761-
4. Conference	€ 9,725-	€ 9,725-	€ 9,725-
Awards		€ 600-	€ 600-
Delegate fees		€ 1,126-	€ 1,126-
MSJ		€ 5,352-	€ 5,352-
Travel Bursary		€ 2,647-	€ 2,647-
5. Grants	€ 2,039-	€ 2,039-	€ 2,039-
Fellowships		€ 2,039-	€ 2,039-
6. Projects	€ 144,292-	€ 144,292-	€ 144,292-
ADAMS		€ 1,400-	€ 1,400-
ADAMS II		€ 40,792-	€ 40,792-
Physical rehabilitation		€ 102,100-	€ 102,100-
Endtotal	€ 395,142	€ 243,844-	€ 151,298

► OUR SPONSORS

In 2014, RIMS has continued to benefit from the unconditional support coming from five companies being listed above. This funding enabled RIMS to further develop its network of rehabilitation experts through jointly executed cross border projects and research.

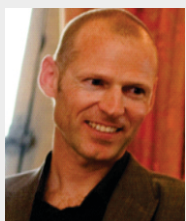
RIMS acknowledges the importance of this support and confirms its strict following of EFPIA's Code of Ethics.





▶ CONTACT INFORMATION

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RIMS-REHABILITATION IN MS

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