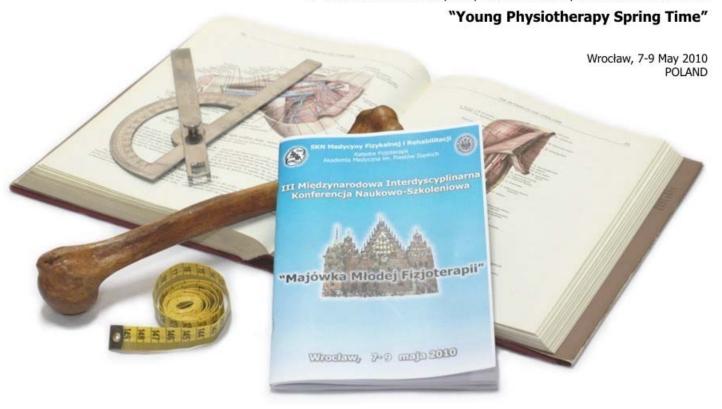


### SSG of Physical Medicine and Rehabilitation Physiotherapy Department Wrocław Medical University, POLAND



3rd International Interdisciplinary and Educationally-Instructional Conference



# 1<sup>st</sup> Announcement

#### Welcome!

The SSG of Physical Medicine and Rehabilitation alongside with Physiotherapy Department of Wrocław Medical University have a pleasure to invite you to participate in 3rd International Interdisciplinary and Educationally-Instructional Conference "Young Physiotherapy Spring Time".

The conference is addressed to students of all years and candidates for doctor's degree for which issues of physiotherapy, rehabilitation engineering, medical aspects of rehabilitation or biomechanics are well-known.

We hope that our idea will contribute to integrate an young scientists' environments from whole world and will be excellent opportunity to establish cooperation and to relax in the beautiful city of Wrocław.

Partners:

Organizers











#### 3<sup>rd</sup> International Interdisciplinary and Educationally-Instructional Conference

## "Young Physiotherapy Spring Time"

7-9 May 2010, Wrocław, Poland



#### Conference themes

- 1. "Sanus Per Aquam", czyli fizjoterapia nie tylko kliniczna.
  - 2. Physiotherapy of growing age.
  - 3. Special methods of physiotherapy.
  - 4. Possibilities of physiotherapy in pain relief.
  - 5. Biomechanics and rehabilitation engineering.
  - 6. Contemporary balneotherapy and climatotherapy.
- 7. Problems of rehabilitation in cardiovascular and respiratory diseases.
  - 8. Advances in modern physiotherapy.
  - 9. Neurological physiotherapy challenges and current needs.
- 10. Physiotherapy as a component of comprehensive rehabilitation treatment.
- 11. Possibilities of use of the physiotherapy in implant treatment of locomotor system.
  - 12. "Sanus Per Aquam" that is not only clinical physiotherapy.
    - 13. Palliative rehabilitation
      - 14. Varia.

### Scientific committee

Chairman: prof. dr hab. Andrzej Pozowski

prof. dr hab. Tadeusz Bober

prof. dr hab. Ewa Demczuk-Włodarczyk

prof. dr hab. Zbigniew Jethon

prof. dr hab. Andrzej Kierzek

prof. dr hab. Ludwika Sadowska

prof. dr hab. Aleksander Sieroń

prof. dr hab. Tadeusz Skolimowski

prof. dr hab. Andrzej Steciwko

dr hab. Alicja Rutkowska-Kucharska, prof. nadzw.

dr hab. Jan Szczegielniak, prof. nadzw.

dr n. med. Andrzej Bugajski

dr Andrzej Czamara

dr n. med. Żanna Fiodorenko-Dumas

dr n. med. Jadwiga Kuciel-Lewandowska

dr n. med. Małgorzata Paprocka-Borowicz

mgr Krzysztof Aleksandrowicz

mgr Irena Baściuk

mgr Bożena Bogut

mgr Roman Heider

mgr Wojciech Laber

### Honorary patronage

Rector of Wrocław Medical University prof. dr hab. Ryszard Andrzejak

Dean of Health Science Faculty

of Wrocław Medical University

dr hab. Bernard Panaszek, prof. nadzw.

Polish Association of Balneology and Physical Medicine

Lower Silesian Division

Chairman: dr n. med. Jadwiga Kuciel-Lewandowska

Lower Silesian Medical Chamber

Chairman: dr n. med. Igor Checiński

## Organizing committee

**Chairman:** Sławomir Jarząb Krzysztof Aleksandrowicz

Karolina Ciurlik

Maciej Dutka

Michał Guła

Michał Kaczyński

Paulina Kołodziejczyk

Marcin Kosowski

Wiktor Kraczko

Weronika Kusibab

Wojciech Tomasz Laber

Małgorzata Paprocka-Borowicz

### **Important dates**

5.04.2010 – deadline for sending abstracts and application for active participation 15.04.2010 – deadline for making payments and sending application for passive participation 9.05.2010 – deadline for sending the complete paper for the monograph 7-9.05.2010 – fixed date of Conference



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### **Conference materials**

In case of active participation an abstract has to be send at the mailing address as an electronic bilingual document (97-2003 MsWord file with the extension \*.doc, maximum 200 words for native and 200 words for English version, Times New Roman font, size 12pt) **until 5 April 2010**. The first author of a paper should be a student, candidate for doctor's degree or a student that will graduate in 2010. Research, case reports and review articles will be accepted. It is necessary to give: title of article, names and surnames of authors, max 3 key words and phone, e-mail address of an author that is responsible for correspondence. Submitted abstracts after positive evaluation of Scientific Committee will be printed in the conference materials.

Best papers will take part in competition in which attractive prizes awaits for the winners.

### **Conference Fee**

The paymant includes participation in sessions, conference materials, certificate of participation and "coffe breaks". Appropriate amount should be paid till **15 April 2010**.

active participation – PLN 90 passive participation – PLN 70 accompanying person – PLN 20\*

banquet – PLN 60 (only for conference participants, number of seats is limited)

\* The paymant includes participation in sessions and "coffee breaks". Accompanying person will not recive conference materials and certificate of participation.

Students from I, II and III study degree of Wroclaw Medical University are exempt from the fee. (The condition to be exempted from the fee is to provide the completed registration form until 15 April 2010 at the address of the Organizing Committee.)

Please pay all charges to this account:

Akademia Medyczna im. Piastów Śląskich ul. Pasteura 1, 50-367 Wrocław, POLAND Kredyt Bank S.A. IV O/Wrocław

### 35 1500 1793 1217 9000 9997 0000

with title: "Fizjoterapia, name and surname of participant"

!!! While making payments please indicate the name and the surname of participant and note "Fizjoterapia".

### **Contact**



SKN Medycyny Fizykalnej i Rehabilitacji Katedra Fizjoterapii Akademia Medyczna im. Piastów Śląskich

ul. Grunwaldzka 2 50-355 Wrocław, Poland phone: +48 (071) 784-01-86 fax.: +48 (071) 784-01-82

e-mail: majowka.fizjo@tlen.pl

All information can be found at:

www.majowka.am.wroc.pl

# **Registration Form**

 $3^{\text{rd}}$  International Interdisciplinary and Educationally-Instructional Conference

# "Young Physiotherapy Spring Time"

7-9 May 2010, Wrocław, Poland

Name and surname
University
Specialty / year
Title of paper
Adress:
phone:
e-mail:
Please Mark
Participation:
□ active □ passive
Preferred form of presentation (if active participation):
□ poster □ oral presentation
If you would like to take a part in the banquet, please pay PLN 60 to conference bank account.
$\Box$ Yes, I want to participate in the banquet $\Box$ No, I don't want to participate in the banquet
The registration form along with a copy of all paymants has to be delivered to the
address of the conference.



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