INTERNATIONAL EARLY MOBILIZATION NETWORK

4th European Conference on Weaning & Rehabilitation in Critically ill Patients

PROGRAM

DATE  November 12-13, 2016
LOCATION  Hamburg, Germany
AUDIENCE  Multiprofessional meeting (physicians, physiotherapists, nurses etc.)
FEE  Early registration 100 euro (until 30/06/2016)
      Late registration: 150 euro
REGISTRATION  Hamburg.2016@bildungszentrum.drk.de
Program

Friday, Nov. 11

6.00 p.m.  Reeperbahn-Tour
We would like to invite you to a guided tour on the Reeperbahn, approximated 2 hours, additional costs: ca. 30 Euro

Saturday, Nov. 12

8.00 a.m.  Opening of the conference, Registration
8.30 a.m.  First session: Rehabilitation on the ICU
Chair: N. Hart, M. vander Schaaf
Welcome, M. Dewes, P. Nydahl
Rehabilitation in the ICU. L. Denehy, Australia
Practical applications of mobilizing patients in ICU. C. Perme, USA
Weaning. L.M.A. Heunks, Netherlands
Organization of workshops, M. Dewes, P. Nydahl

10.30 a.m.  Coffee break

11.00 a.m.  Workshop 1 (will be repeated)
Rehab in the ICU. L. Denehy, Australia
Practical Mobilization. C. Perme, USA
Weaning - what is different in COPD? N. Schwabbauer, Germany
Inspiratory muscle training as an adjunct to enhance weaning success. R. Gosselink, Belgium

11.00 a.m.  Workshop 2 (will be repeated)
Video games. M. Buise, Netherlands
Hygienic! P. Nydahl, Germany
CPaX. E. Corner, United Kingdom
Early Daily Training and Mobilization in ICU. M. Brøkner Hansen & A.-C. Dragsted, Denmark

Noon  Repetition of workshop 1 & 2
1.00 p.m.  Lunch
2.00 p.m.  Second Session: Rehabilitation after the ICU
Chair: G. Hermans, P. Spronk
After Care. B. Conolly, United Kingdom & L. Denehy, Australia
Follow up clinics. M. van der Schaaf, The Netherlands
Cardiopulmonary Rehab. R. Gosselink, Belgium

3.30 p.m. Coffee break

4.00 p.m. **Workshops / Open space**
- Establishing after care. M. vander Schaaf, The Netherlands
- Outcome: feedback for ICU. B. Conolly, United Kingdom
- Recover. T. Walsh, J. Merriweather, L. Dow, United Kingdom
- Cardiopulmonary Rehab. R. Gosselink, Belgium
- Physical Rehab after ICU. D. McWilliams, United Kingdom

5.00 p.m. Poster session (5 min. each)
- Chair: V. Gerovasili, N. Hart

6.00 p.m. End of the conference’s day

7.00 p.m. Dinner
- Additional fee of 50 Euro

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**Sunday, Nov. 13th**

9.00 a.m. **Third Session: Psychosocial Rehabilitation**
- Chair: B. Conolly, I. Patsaki
- Self-help groups. P. Gibb, United Kingdom
- Enhanced rehabilitation. R.D. Griffiths, United Kingdom
- Integration of Family. S. Juchems, Germany

10.30 a.m. Coffee break

11.00 a.m. **Workshops / OPEN SPACE**
- Quality of life after ICU in Greece. I. Patsaki, V. Gerovasili, L. Karatzanos, Greece
- Ambulatory intensive care and mobility in Germany. M. Hanelt, Germany
- Establishing self-help groups. P. Gibb, United Kingdom
- Quality of life after ICU in Germany. T. Bein, Germany
- Enhanced rehabilitation. R.D. Griffiths, United Kingdom
- Eat, drink and be merry. N. Hart, United Kingdom

12.30 p.m. Lunch

1.30 p.m. **Abstract sessions** (10-15 min. each)
- Chair: N. Hart, P. Nydahl

3.00 p.m. Summary of the conference, next conference
- M. Dewes, P. Nydahl, N. Hart

3.30 p.m. End of the conference
Abstracts/Poster Submission

In case you would like to present a poster or a short abstract, please submit your abstract till August 1st, 2016. Every accepted abstract and poster will be presented during the conference in a short lecture as Powerpoint presentation via beamer (Abstracts: 10-15 minutes, Posters: 3-5 Minutes). Posters will be exhibited, too.

Submission via email (Hamburg.2016@bildungszentrum.drk.de): Please submit one page (Din A 4), category abstract or poster. Text should be scheduled by background, purpose, method, results, conclusions.

Hotels

Please email for a list of recommended hotels:
Hamburg.2016@bildungszentrum.drk.de

Conference registration

Please contact Hamburg.2016@bildungszentrum.drk.de. You will receive a form for registration and further information about the conference, locations, traffic, and Hamburg.

On behalf of the program committee
P. Nydahl, C. Hermes, M. Dewes, T. Schulz
Registration Form

Herewith, I register for the 4th Conference on Weaning & Rehabilitation in Critically ill Patients, taking place on Nov. 12 – 13, 2016, in Hamburg, Germany

First Name: .................................. Surname: ..............................................
e-mail: .................................................................................................

Your contact address (postal address):

Address line 1: ..............................................................................................
Address line 2: ..............................................................................................
CITY: .......................................... ZIP Code: .............................................
COUNTRY: ........................................

Professional Affiliation – Organization:

Name of organization: ...............................................................................
Address line 1: ..............................................................................................
Address line 2: ..............................................................................................
CITY: .......................................... ZIP Code: .............................................
COUNTRY: ........................................

Conference registration costs:  □ 100 EURO (early)*  □ 150 EURO (late)**

Optional: Dinner on Nov 12, 2016 (please mark selection):

☐ YES, I register for the Dinner. Additional costs to be paid with registration: 50 EURO
☐ NO, I do not participate in the Dinner event.

Optional: Reeperbahn-Tour on Nov 11, 2016 at 6 pm (please mark selection):

☐ YES, I register for the Reeperbahn-Tour. Additional costs to be paid with registration: 30 EURO
☐ NO, I do not participate the Reeperbahn-Tour.

TOTAL REGISTRATION COSTS:  □ 100 EURO, OR  □ 130 EURO, OR  □ 150 EURO, OR
□ 180 EURO, OR  □ 200 EURO, OR  □ 230 EURO

This amount has to be paid in full in EURO to the following bank account:

Account Name: DRK-Schwesternschaft Hamburg e.V.
Bank Name: Evangelische Bank
IBAN: DE31 5206 0410 0006 4476 19
BIC: GENODEF1EK1
Purpose of payment: “Conference fee + <Name of Participant>”
or “Conference fee + <Name of Participant> and Dinner”

Registration is only valid after (1) this signed form and (2) your payment has been received.

DATE: .................................. SIGNATURE: ..................................................

Registration & Deadline: Please send this completed and signed registration form via mail to: Hamburg_2016@bildungszentrum.drk.de. Be aware that your registration is only completed after your payment has been received! We don’t accept any cost which arise through the transfer.

Due to the fact that we have only 230 participants, registration works on a „first come – first serve“ basis.
*from now till 06/30/2016, **07/01. – 10/15/2016