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[00:01:03] Hello everyone. I hope you can hear me. I welcome you all to this series of clinical webinar program. This is basically a collaboration between different international rehabilitation organisations, including International Society of Physical Medicine and Rehabilitation, World Federation of Occupational Therapy, Ispo International Spinal Cord Society, and World Physiotherapy. And we are especially thankful to our colleague Peter Skelton for coordinating this, and I am also grateful to our colleagues at World Physiotherapy who have set up this webinar and provided us with the technical support. So basically, we have all gathered here because we want to support our colleagues in Myanmar who have been affected with a earthquake in the last 20 years. We have learned one thing very clearly. Initially, we all thought that earthquake and disaster like these, they only require a medical management focussed on maybe trauma, orthopaedic and emergency surgeons. But in the last two decades, it's very much clear that rehabilitation interventions are now an integral part of the disaster rehabilitation response. We have collected a lot of data from Pakistan. Earthquake bomb, earthquake of Iran in 2004, uh, Hurricane Katrina in USA, also from the Sichuan earthquake in China, then Nepal earthquake, and recently in the earthquake in Morocco.

[00:02:36] The need for rehabilitation is very much clear, and this can only be provided once all members of a multidisciplinary rehabilitation team come together on the same platform in 2025. I would rather say that we are blessed that we have these kind of communication channels which allow people from different backgrounds, different time zones, different organisation to come together on a single platform to help their colleagues in Myanmar. This is a series of webinars in which we are going to address different things. For example, today we are going to start with spinal cord injury. Then we are going to move on to amputation, fractures and traumatic brain injury and others. We have a panel of experts around the globe who are going to talk about spinal cord injury rehabilitation in aftermath of earthquake. And with these welcome remarks, I'm going to hand over the floor to my colleague, Professor Ken Mohan from Myanmar. Professor Ken, over to you, please. Professor, if you can, please unmute yourself and say a few words.

[00:04:00] Okay, professor Kim has a meeting clash at the moment, but a centre video that Heidi will be setting up to play.

[00:04:07] Oh, sure. So, Heidi, if you can please, uh, play the video. Thank you.

[00:04:22] Hello. Good morning, good afternoon and good evening to Secret Speakers. We are professionals. Physiatrist, physiotherapist, occupational and speech therapist, prosthetics and orthotics, rehabilitation nurses and all the healthcare professionals. It is good evening for us. And good morning and good afternoon for other part of the world. These are the contents of my talk, which includes current situation of the severe arthritic member recommendation for earthquake, as well as recommendation for the Myanmar National Rehabilitation Strategy and Implementation Plan and National Survey on Rapid Technology Assessment, and the last one is a consensus workshop for the Assistant Assistive Product List APL. It was a beautiful Friday of the 28th March, and our revision team was very happy because they have successfully completed the training of the trainers of the DoD program on 12 proposed modules, which include stroke, spinal cord injury, paediatric and paediatric rehabilitation, cardiac and pulmonary rehabilitation, fracture rehab, MDT, musculoskeletal pain including back, neck, shoulder, knee and foot, and ankle pain through the primary health care professionals. When we came back to the research that is being studied on the way. To get down with the current situation in Myanmar. The second earthquake. Magnitude of 7.7 started from the second Division on 28th March 2025. The. Epicentre was 12 km away from the guy. The most affected regions are the kind. Mandalay, Magwe, Naypyidaw. Bago and Dongji. One recommendation is Meteorological and Hydrological Department need to be more diligent to inform the community on various disasters that can occur in Myanmar.

[00:06:29] Here you can see that the scene of the disaster showed that most of the buildings were destroyed and affected the residents. The two airports, which is Naypyidaw and Mandalay, have been impacted and are currently closed. Many roadways in the middle of the country were damaged and telephone and internet connectivity Activity is unavailable in many areas affected by the earthquake. People are panicked and frustrated, and they are worried about their family members, friends and their relatives. The the proposed recommendation will be the building contractors should be aware and be able to prevent the earthquake for constructions. According to the update, news of the start of the April 2025, more than 3800 people have died so far. We will need to update the number of the affected persons from these regions. We are much appreciated from the local as well as the international communities from China,

Russia, India, Singapore, Thailand, Vietnam, Malaysia, Australia, United Kingdom, United States of America, Canada, Dubai and UN Central Emergency Response Fund and W.H.O.. For their kind support and have come forward to assist the people affected by the earthquake. This is a strategy which has been launched by the September 18th of the 2019. Our goal is to increase access to timely, effective, person centred rehabilitation that is integrated at all levels of healthcare and that reaches the people in their community. There will be the five objectives with the 15 year plan, in accordance with the Myanmar National Health Plan.

[00:08:21] There will be the three phases for each five years each. There will be the five objectives to strengthen rehabilitation, leadership and planning, and the second one to expand access to quality rehabilitation within healthcare along the continuum and including personalised rehabilitation. Third one is to increase the access and provision of the products. Another one is to strengthen and expand the workforce. And finally, but least, but not the least, further integrate rehabilitation across the health services. Workforce are much depleted in Myanmar. According to the Situation Assessment of the Rehabilitation in Myanmar 2018. Number of the Physiatrists are full persons in a million and the physiotherapists are three persons in 100,000 population. And the hospitals with VMI departments and the Physiotherapy Department are 61%, as well as the 78.9% and the tertiary health care hospitals. Accordingly, there are percentage of the government primary care facilities with rehabilitation and Physiotherapy is 16%. Because of the Covid 19 pandemic and the difficult situation in our country. Nearly half of the workforce are depleted. Even though we are still working hard to the care of the patients. Now comes the National Rehabilitation Strategy and implementation. According to the strategic plan as identified in the strategies to accomplish it, we have implemented and achieved the following three activities. The first one is the most important one and the 12 projects were. Basic intervention for primary health care. Basic modules have developed to solve the primary healthcare level in the community. This is a living document that will be adopted and adapted according to the community Situation.

[00:10:43] This is a first recommendation from Strategic Plan. Here you can see that the precious photos for the launching ceremony of the National Rehabilitation Strategy and the year 2019 of the 18th September. All stakeholders, including the consultants of the show, attended to the ceremony. Second recommendation is a survey on assistive

technology assessment. We appreciate very much for the Myanmar Red Cross Society for their hard work in all second divisions. Training was provided by one. Ministry of Health provided financial support. Now that Accommodation consists of workshop or assisted product list was attended by the all stakeholders and all the rehabilitation professionals in Myanmar. The first ever list for Myanmar was approved by Ministry of Health. It is on the way to be published. Proficient professional members should be included in the relief and resettlement of the emergency team to save an early rehabilitation. Although basic modules have been developed with a view of the critical role of the rehabilitation in following earthquake for safe and early rehabilitation and the management of the key traumatic injuries, we need to adopt our proposed modules, integrating the lessons learned from the other countries and attending and proposing recommendations from this webinar that would be helpful for all of us. Reputation skills become increasingly necessary as patients with traumas, fractures, amputations and spinal cord injuries progress and other disasters. That is the end of my presentation. Thank you very much.

[00:12:55] Thank you, Professor Ken. That was a good overview of what you have and what you need now. May I request Doctor Tim to please say a few words? Thank you. Doctor Tim, I can see you are here. Can you please unmute yourself and say a few welcome remarks or words? Then we'll move on to the formal presentation by our panellist.

[00:13:30] Hello? Can you hear me?

[00:13:33] Yes, we can hear you. Thank you.

[00:13:36] Yeah. Uh, today is the auspicious day of Physiotherapy Exposition. First of all, our main. Our present man. Thanks a lot to the Great War Physiotherapy and all the, uh, Mr. Farooq and other societies and all of the attendees, including all the gallery and identity. Uh. All the Physiotherapy. So this is this is a, you know, our monument of the one of the milestone of the our Physiotherapy association in Myanmar because and also we are participated in COVID-19 and Physiotherapy in the role of the Covid 19, as well as here in our country is, uh. Uh, so many disasters, natural disaster, man made disaster. So we will our physiotherapist need to participate in involved in all these disaster. Now, at the present, uh, earthquake is a very huge, uh, immense and

destroying our country. So many lives are, uh, the lives and devastated. All the many buildings are devastated and all the environmental are destroyed. So we especially we physiotherapist, uh, have to involved with the multidisciplinary need of the other medical professionals as well as after the, uh, training. They can, They can. They can. They are environmental. They are places as possible, as as early as treatment or intervention and rehabilitation. So I think to all the president, especially Mr. Farooq and Hadi and Physiotherapy, I, I want to express again and again and I'm ever uh, I ever thanks to all our Physiotherapy in the community is a very different from the hospital. They have to face so many low resources and different environment such as devastating area and injury, physical and mental injuries they have to face now.

[00:16:29] So we have to face so many problems. But our physiotherapist must be energetically and efficiently intervened all the difficulties of all the patients. So I am very happy to hear and to all of you help me to be this training, rapid training for us. This training will be, uh, well as a very fruitful to me and also all the physiotherapists and other persons, because our experience in hospital, but not in the devastated area. This is the devastating like an earthquake. And so this is a we have to basically challenge all of them. I had many experiences. So I'm very, very thankful to you sharing of your experience with all the colleges. Now that is our Physiotherapy have to do in disaster area. We Physiotherapy can do life saving as well as the physical injury such as such as pain or regain their function, their quality of life and also all the with the rehab, all the within the rehabilitation and we we have to do within the our expertise and our knowledges. So may I. Request all the attendees please land and study land or their presenters experience. And also if you do not clear my all, I ask to other trainees to discuss with the presenters more. Uh, this is my. Oh, thank you very much for my speaking.

[00:18:48] Thank you, Tim, for your thoughtful remarks. You are totally correct that, you know, uh, you are facing, uh, disaster situation, which is very different from a hospital situation. And you're also very correct that, you know, this panel of experts from different part of the world is here to help you out. So we have actually a 15 minute of dedicated question and answer session at the end of the presentations. So please either post your question in the Q&A or please ask the question by unmuting yourself at the end of the session. Now, I it's my pleasure to invite our first. We have got three speakers, uh, with ten minutes each. And it's my pleasure to, uh, invite my first speaker

of this session, Professor Abdul Razak, who's from, uh, Morocco. Uh, not only a good friend, he's a global expert. And he provided services in Morocco. 2023 earthquake. He represents his country at various international forums. He's a very active member of the International Society of Physical and Rehabilitation Medicine. He has been a keynote speaker in different countries of the world. So please welcome Professor Abdul Razak for his thoughtful talk on lessons learned from 2023 Morocco earthquake. How to get organised. Over to you, Abdul Razak.

[00:20:04] Thank you. Uh, my dear Farooq. And, uh, thanks to the organising committee for, uh, inviting me to talk about our experience, uh, in managing earthquake in Morocco. Uh, but first, I would like to stand in solidarity with the victim of the Myanmar More earthquake and extend my support to the healthcare professionals providing aid. I will try to summarise our experience during ten minutes. So our earthquake. It was exactly in Friday, the same day in September 8th, 2023, and it was the most, uh, uh, devastating earthquake, uh, for decades. It was with the between 6.8 and 7, uh, point two and the two others, uh, old others. Earthquake. It was at about seven, uh 5.7 and 6.3 and affected three regions in Morocco that mean big, uh, population affected by this earthquake. We had, uh, 2009 uh hundred 100 deaths and more than 5000 injured. And we're talking about approximately 2.8 million people affected with this earthquake. So we start working immediately after this disaster. As Moroccan health professionals and rehabilitation community, we work strong by the the resolution of and also our, uh, national uh, strategies in Morocco. And we we start immediately in the night of the earthquake by, uh, establishing the Moroccan rehabilitation professional network, including the four uh, societies or Association of uh Orthotics and Prosthetics, physiotherapy, occupational therapy and physical and rehabilitation medicine. And we have in this network more than 2400 members. Uh, one day after the earthquake, we received the the position statement published by the World Rehabilitation Alliance.

[00:22:42] Uh, to highlight the need of rehabilitation after the earthquake and our, uh, Moroccan rehabilitation network. Uh published also uh position statement to highlight to the policymakers that rehabilitation is very important in this stage and to to say that we are available to help as uh, rehabilitation professionals. We start discussing also with Ministry of Health, and we request data about the current situation officially from the Ministry of Health. And we request to send, The, uh, document to the local authorities to highlight the need of rehabilitation. Not not only the emergency and surgery, but also,

uh, rehabilitation. We send, uh, committee, uh, technical advisory committee to two regions affected by the earthquake in order to, uh, make evaluation of the situation and the need of rehabilitation and develop a strategy of rehabilitation after the earthquake in the two regions. The first region, it was Marrakesh and second region, it was Agadir. And we published these two the the documents about evaluation and strategy to manage rehabilitation after disaster, after, uh, earthquake. Also, we develop uh Education and training webinar series in collaboration with international uh societies and W.H.O. and it was, uh, it was, uh, one hour, uh, for each webinar, uh, each two, two days, we try to organise a topic. It was nine, nine webinars. And we are, uh, simultaneous translation to, to invite all the population, uh, professionals in Morocco to learn from this, uh, webinars and also the involvement of many, uh, society and international societies, uh, Espo scores, world physio, uh, etc., etc..

[00:25:04] So it was one one hour in, in French or in English. And uh, we try to to invite experts from local, from the region affected to talk about the challenge and the need of rehabilitation. And after we invite international experts to talk how to to to manage the the and to organise the rehabilitation to patient. And we keep 20 minutes for discussion and questions and answer before conclusion. This is the flyers of different webinars organised in collaboration with the international societies. And also we, we, we send a list of, uh, rehabilitation professionals who who are ready to volunteer to go to help the population from different region in Morocco, not only from the, uh, three regions affected by the earthquake. And we organise also, uh, a tele medicine and telehealth, uh, to help population to manage to discuss how to provide rehabilitation in in the region affected. And we try to organise also different level from the primary health care to the secondary to the third health care. This is some pictures from the our activities in the area affected. And this is the therapeutic patient education uh prepared by our uh teams. And we delivered to patient in the in the different region affected by earthquake. The after one one month we publish another position statement to the policymakers and stakeholders to highlight the need to continue the rehabilitation, not only at the the first time after the earthquake, but also we need to continue, use, especially for many health conditions like spinal cord injury, like brain trauma.

[00:27:20] We need to continue even after one month or three months because of course, for acute mid-scene after one month it's enough and we begin become to the normal work of the the health workforce. But in rehabilitation, we need to highlight that

in collaboration with the emergency medicine and the Reanimation Resuscitation Medicine Societies, we develop early management of natural disaster guidelines, and we include a Pas and the place of rehabilitation in this guidelines. And it was a big challenge for us to talk about rehabilitation in the management of, uh, emergencies and disasters. Uh, two months after this, uh, disaster, we we organised a high level strategic meeting with Ministry of Health, uh, Country Office and all the stakeholders to talk about how we can, uh, organise rehabilitation in the country, uh, including, uh, emergency situations and, uh, disasters. And we start developing the national, uh, Rehabilitation strategic plan. We are now at the final stage of this, uh, strategic plan to be validated and adopted officially. We we developed also the national, uh, assistive technology strategic plan after the this earthquake. And we organised last year in October 2020 for the we workshop about rehabilitation in emergency and post-disaster situation. And we published the last week uh, the experts guideline about rehabilitation in emergency post-disaster situation in March 2025. So the challenge it was about how to deal with the injured and and their families, with rehabilitation workforce, with health workforce, with policymakers and with local and national authorities in the management of disaster.

[00:29:39] Of course, we need a good national leaders to collaborate, to coordinate, to plan. And also we need the support of the global rehabilitation community to help the national leaders in dealing with all these are components of the management of the disaster rehabilitation workforce. We need to talk a lot about rehabilitation with health workforce. Surgeon. Uh. By the way, we try to to invite all the health workforce, surgeon or emergency medicine, etc., to to attend our webinars because we need to discuss with us, but also with the other health professionals. We need to discuss a lot with policymakers to coordinate. And it was a big challenge how to to communicate efficiently with all the, uh, stakeholders. So it was a different action, uh, targeting different stakeholders. Ministry of health to create strategic action plan to support all activities to strengthen rehabilitation health professional association to strengthen capability and skills, uh, academic institution about training and research and technical and partners to to support all activities. I can say that disaster. It's a huge and dramatic situation, but it's also opportunities to strength rehabilitation, to strength rehabilitation. Rehabilitation, community and also rehabilitation in the health system. So it's time to advocate for safe early rehabilitation and also to collaborate with all the stakeholders at the national level and international level. Thank you so much and I will be happy to answer all your questions.

[00:31:46] Thank you, Abdulrazak for this excellent presentation. And now we are going to move on our to our second speaker. Our colleague is from Turkey, and as we know that a couple of years ago we had a huge earthquake in Turkey as well. And our colleagues in rehabilitation sciences in Turkey did a great job in providing rehabilitation services. So today we have Faliscan from Turkey who is going to share her experience of providing rehabilitation services in Turkey. And the title is Lesson learned from the 2023 Turkey Earthquake Challenges and Solution. So, Phyllis, over to you. Thank you.

[00:32:21] Thanks a lot. First of all, uh, can I share my slide, please? Oh, sorry.

[00:32:32] Uh, you will be running your own slides, right?

[00:32:35] Okay.

[00:32:35] Yeah, yeah. We can we can see your slides. Thank you.

[00:32:39] Okay. Uh, first of all, I would like to thank to organise, uh, organiser committee of the, this webinar and Pete Skelton who invited me to share our knowledge. And also I would like to send my deep sympathy and condolences for the people who lost their life in Myanmar earthquake. I also wanted to send my best wishes for the injured people. Uh, as a victim of Turkish people in disaster. We appreciated the help and great support came from international humanitarian services, and many of the countries, and many of the volunteers came from the different professionals. Actually. Uh, we have been faced such a big earthquake, which include very wide area in 2000. Uh, sorry, in 2033. Then, uh, then we lost, uh, more than 65,000 people and then more than, uh, 120,000 people injured. So, uh, actually, uh. 1020 1020 120,000 buildings Uh damaged included many hospitals and then many universities and other governmental departments. Uh, actually, what, uh, what was our challenges? Magnitude of the earthquake was very severe. Uh, and it included, unpredictably, a wide region. Uh, that's the first reaction came from the governments and all the people was, uh, a little bit late. Uh, because the health system was collapsed. Damaged or destroyed. Hospital and medical staff and their family members were also, uh, victim and severely affected. Uh, spatial rehabilitation services, uh, was not, uh, were not available. And then long term effect of the hazard were unknown. And then, uh, we don't know. We did not know.

Uh, it was not clear. Uh, the people had medium had to have medium to long term rehabilitation needs us.

[00:35:04] First reaction was the rescue efforts came from the volunteers and the humanitarian services and then the governmental departments, and then immediately they began to establish temporary housing shelters and emergency hospitals, especially the field hospitals, uh, because uh, uh, 75 city hospitals are severely damaged, uh, sorry, 94 uh, hospitals severely damaged included, uh, city hospitals, uh, a total of 42 hospitals, uh, building damaged. Uh, and then, uh, actually at the total, uh, 20 more than 26 physician and medical personnel were deployed at the healthcare facilities. So, uh, actually, uh, we have got some difficulties to organise all the, uh, team members and then, uh, other kind of, uh, disseminating, uh, activities. Uh, the first reaction, uh, came from the medical doctors, uh, to treat the patients on the field hospital. But then, uh, because of having the big problems and then the crowds coming from all the buildings collapsed buildings, then they state that, uh, the transfer, uh, the referred the, uh, severely injured people to the other city or university hospital. Why we couldn't these, uh. Uh, reparations, uh, because many of the roads were severely damaged. So, uh, then, uh, Container and Field hospital began to give health services with 35 national, 19 foreigners, uh, containers. Uh, some of them, uh, some of them giving the, the services to the, uh. To the patients and to the people. And when they were giving, they were having delivery services. And ship hospitals were also put into the service, which was, uh, very helpful for the medical staff.

[00:37:45] And then, uh, unfortunately, there was no national rehabilitation frame. That's why we had, uh, very big difficulties. And then when we are thinking about how come we are going to give some extra help to medical staff who were also victims in these places. And then the Association of Health Professionals made an action planning and applied to the Health Ministry and Ministry of Interior for, uh, having necessary permit. But, uh, there were at the first day, uh, first days, uh, there were some difficulties in obtaining permission from the ministries, uh, because there was no preparation and then no national framework to take the all, uh, national, uh, health services, uh, to the earthquake area. Uh, what we have done is a physiotherapist, uh, we had a collaboration with the Orthopaedic Physiotherapy Association and National Turkish Physiotherapy Association, and then ask the volunteers among the experienced colleagues for establishing a group, and then we provided a rapid and specific training

for them. Uh, we, uh, we we have given continuous mentoring and networking by the highly experienced physiotherapists. Uh, sometimes using zoom, sometimes zoom meetings, sometimes using WhatsApp, uh, screening because there were very big problem, uh, for the internet and other kinds of, uh, mobile phones and then connection at that time in the earthquake area. And then, uh, there were some difficulties, uh, to have networking with the healthcare professionals. That's why we had individual contacts and communication with the orthopaedic surgeon and, uh, local or central, uh, regulatory bodies.

[00:39:47] Uh, then we initiated our education and training webinars for the colleagues are altogether with the National Turkish Physiotherapy Association and Orthopaedic Physiotherapy Association, and the Turkish Orthopaedic Physiotherapy Association contain training. Seminars included experts in physiotherapy and other health professionals. Uh more than uh three months, 2 or 3 times per week because, uh, our colleagues uh, were needed to have higher level, uh, experience and higher level knowledge, uh, for the disaster management. Uh, actually, we faced many common injuries. Uh, at that time, there was there was a cold weather condition and then heavy rain. That's why we had, uh, also some respiratory infections, uh, in particular pneumonia. Ammonia. And then, uh, actually in this seminar, uh, we mostly focussed on, uh, crush injury. Uh, especially crush syndrome, because many of the Turkish, uh, citizens, uh, lost their life. Uh, due to crush syndrome. So they've been also faced nerve injuries. Actually, the. Services, especially some patients who had no severely injured and who had no such. Such a high risk for their vital functions. Uh, uh, we, uh, were, uh, were having priorities. So nerve injuries sometimes omitted, sometimes, uh, treated uh, lately, but especially the. Neurapraxia, uh, patients, uh, could be treated in the field hospitals by the physios. We have got such a big complications because of having not, uh, you know, uh, proper treatment options in the field hospitals. So, uh, wound care and dressing uh, were also important, uh, not just for all medical staff also uh, for physiotherapists. And we have seen, uh, amputations.

[00:42:21] And unfortunately, some of them had been, uh, had been amputated, uh, nearby the collapsed building to save the patient's life. So that's why some of them has got guillotine type amputations then has got, uh, revision when they, uh, transferred to the, uh, more sophisticated, uh, hospitals. So actually the role of physiotherapists, uh, is very important on behalf of the world Physiotherapy. And then that's why we

recommend to our colleagues to have these, to read these documents carefully. And then we had this kind of, uh, major traumatic patients, and some of them came to the university hospitals and had been operated many times. That's why even one week, one year later, we've got these kind of patients who's got, uh, repetitive, uh, orthopaedic surgery interventions. And then as a physio, we have given, uh, such a big effort to make them more functional. Uh, what kind of lesson we learned? Actually, we learned that a multidisciplinary, multidisciplinary and holistic approach to disaster management planning can result in more efficient and effective strategies. Uh, because at the beginning we had no such a good connection as a, uh, multidisciplinary, uh. As, uh, given as a multidisciplinary approach. But, uh, after the first, uh, shock, we managed to have, uh, this kind of, uh, multidisciplinary and holistic, uh, disaster management for our patients. Then we saw, uh, the the results was more efficient and and effective. Uh, that's why, uh, we, we we learned healthcare delivery. Delivery is a complex system and heavily relies on, uh, sorry, uh, heavily relies on.

[00:44:40] Life sustaining services, uh, A combined management process and also hired and trained personnel. And then at the beginning, especially the first days, having lack of significant catastrophic experience and feel underqualified, uh, disaster related core competencies and misunderstand the importance of the responsibilities. Uh, we learned that, uh, we have to enhance awareness, the importance of preparedness in disaster response among all health professionals. Even the orthopaedic surgeons, has got some kind of difficulties, uh, because they did not have, uh, this kind of major trauma in their life especially, has got such a severe, uh, crash syndrome. Uh, people. That's why we have to give more training and expert programs for all the health professionals in advance, included in Physiotherapy. And then we have to try to advocate and include the importance of associations of health professionals, uh, especially importance of physiotherapists, because many of the, uh, many of the governmental departments did not take care of the importance of rehabilitation services, especially, uh, for early rehabilitation services. Uh, they thought that mostly, uh, rehabilitation services or physiotherapy, uh, interventions, uh, especially uh, could be given uh, in the late term, not the early term. That's why we have to have to advocate, uh, our importance. And then we also learned to take part in national regulations for disaster, because we don't have any representative delegate in disaster management department, National disaster management department. That's why many of them do not have a deep knowledge. The importance of the rehabilitation services, especially

the early rehabilitation services. And then we also learned to plan well equipped and staffed emergency and hospitals, trained medical professionals and sufficient medical supplies.

[00:47:18] And then, uh, it should, uh, have, uh, for effective communication and coordination among emergency response teams, aid organisations and governmental agencies. And we should also plan algorithm for medical and rehabilitation services, networking, efficient sharing and information resources. That's why immediately after the earthquake, we've got a close collaboration with the Turkish Society of Orthopaedics and Traumatology. And then they invited me to be a member of their coordination, uh, group, uh, for disaster Management. And one year later, we check all the, uh, hospitals, especially located in the victim area. And then we, uh, had some feedback of the medical staff and then had, uh, prepared a document. Then, uh, in June 2023, world Physiotherapy Congress also had a discussion session panel on disaster management, and then the, uh, Physiotherapy, uh, interventions. And then we had a consensus that we should increase the awareness of Physiotherapy on disaster management and needed to specific training for especially earthquake injuries, triage and emergency aid. And then we should have education on, uh, not just postgraduate level, also the undergraduate level providing national and international certification programs, multidisciplinary team working and education, uh, included international communication and networking with them, and also important communication with the policymakers and providing professional advocacy. So, uh, actually, I wish, uh, for a world where children do not cry, no human laws, no natural disaster, where there is justice, humanity, human rights, equality, peace, love and respect. Thank you for your attention.

[00:49:36] Well, thank you so much.

[00:49:37] Oh. Sorry, Mike. I'm still here. I'm going to introduce you. So it's my pleasure to introduce my colleague Mike Landry, who is going to talk about epidemiology of what to expect in earthquakes. Mike, over to you, please. Thank you.

[00:49:51] Oh, thanks a lot, Farooq. And I apologise for being late. I'll explain it another time. Um, I think, Farooq, if you don't mind, I think we're, uh. I got a message here to go over to, uh, Lavinia, who is all set with her slides. I'll. I'll maybe say a few things after she goes, and then I might ask if everyone could spend a little bit more time with us

here. So we'll probably go a little longer than our planned, uh, timing. Um, but, uh, but again, thank you so much. My name is Mike Landry. I'm the president of World Physiotherapy. I'll say a few words later. Lavinia, let's pass the floor over to you. And we're all ears to listen to your side, your presentation.

[00:50:32] So, uh, thank you, Michael, thank you for your introduction. So, uh, I'm Lavinia. I'm going to, uh, my background is a Physiotherapy from Hong Kong. And on behalf of my colleagues from China, I'm going to share about the response to earthquake. Uh, the topic is on beyond the acute care. Um, so for the, uh, you know, China also undergone, uh, a field scenario on, uh, since 2008, the Sichuan earthquake. And then in consecutive years, we also have a field, uh, attack from the, um, uh, earthquake. And however, as a Physiotherapy, what we think is most important, um, uh, is how we are going to prevent those, uh, complications that we see from our cases. For example, the problem, like the pressure sores, swelling, non-weight, bearing contractures, etc. that we we believe all this kind of complication can be, uh, prevented or at least minimise the trauma. Trauma if we can do something earlier. So echo to what? Uh, Phyllis just said, rehabilitation is not just wait until a few months or half years later. It should be. The concept should be start as early as possible. Because in China's scenario, uh, say two months post-earthquake when we, we go back. So we find that most of the victims, they develop the complications, as I mentioned before, just because of they have some misconceptions on rehabilitation like such as they fear of moving around, uh, they are afraid to leave the bed, become more bed bound, and lack of assistive products or suitable, even though some of them are prescribed it, but they don't know how to use it and or use it improperly.

[00:52:37] And and maybe they also develop a kind of dependency, take up the sick role. So with all these kind of attitudes, the dose, um, an unnecessary complication may be developed. Uh, for example, peripheral injuries is quite common after the earthquake. So we all know that what is afloat and but what we see is still many kind and quite many patients. They did not receive the during the first few months because of the resources limitation. Then it's a bit difficult. Uh, if um, with the limited resources, if we did not teach them proper management to prevent the deformities and then it will we will expect it will be developed sooner or later. Or if we do not do a proper education, even even though we have resources to have AFO for all the necessary case, but they can still neglect it, discard it, despite we prescribe that for them. So what? The key thing

is, apart from giving them the the ace or the the walking ace or this kind of afos, we have to have, um, teach them how to use them correctly and explain to them the importance of using them in order to prevent long term applications.

[00:54:09] And the essence and the essence essential things for physiotherapists. Apart from the major things like the rapid assessment to put priorities on the treatments and try our best to to help them to prevent the complications, Get them to move. Mobilise as soon as possible with suitable assistive device and discharge plan is also very important because we have to think about how to, um, help them to follow up all the cases, because we all know that rehabilitation is a long term, not just, uh, not just a short term. And in the community based rehab, the concept of self-management is very important because we would like them to take up the role, to take care of themselves. So teaching, coaching, how to teach them how to check on their conditions regularly, that means monitoring is also important. And we have also to teach the individual and the families to understand what they have to do, when to do it in a quite precise way, just like a prescription and the best way, uh, and, and another thing that we think very important is the compliance. One of the important Strategies to to enhance the compliance is we are not just teach them, but if time allowed it, we we encourage them to teach that. Because when people to learn some exercise or learn some skills, if we just do a one way teaching, actually we may not be quite sure how much they can grasp and repeat them on their own when they go home.

[00:55:48] When they leave the places we are not sure, but if they can teach that, at least we can quite reassure that to a certain extent they can maintain what we, uh, we have described. So focus on the discharge. Uh, we also have to know about where they are going to be discharged. That means the location, if possible, we we can ask more about the physical environment that they will encounter, like the how, um, the community's environment, their home environment, accessibility. So this can help. And also the, the, um, the caregivers information etc., so that we can know how to, uh, prescribe and appropriate mobility devices for them. And we also need to know whether they got the local therapy or healthcare centres to support their follow up service. If not, maybe we have to consider something like telemedicine to keep on monitoring the cases. And of course, we also have to tune the expectation of the case and the family, because sometimes they may have a false hope or different kind of expectation on their

rehabilitation. If they do not have a realistic goal, then they may, um, they may give up easily or or it will definitely, uh, affecting their rehab process.

[00:57:20] Um, so in the community rehabilitation. We also have to think about the collaboration. Who should collaborate? And communication is of course, a very essential issue concerning how we communicate with the patients, communicate with the families and also the, the, um, NGOs around and documentation. Here we would like to highlight is um, of course, we are not talking about, uh, a very formal detail, uh, documentation in this kind of, uh, earthquake places, but at least to some, even some, uh, documentation with some basic informations, some key essential prescriptions that were given to the patients is, is very important because if they can have at least some, uh, um, information about what kind of rehab services they are receiving, like the exercise, the kind of exercise or the prescription. Then when they're going to discharge the the therapies, they're going to take up the case at least will at least they will not overlap what have done. And they can progress on top of what the patients are doing. I thought that will have very much. And the way of documentation, it needed to be black and white because in that kind of setting, we may not have a lot of stationery or allow us time to write it properly. And sometimes maybe the language.

[00:58:54] So, uh, the very etc.. So maybe we can also consider using you know, the mobile phone is very convenient nowadays. So may we consider to take some pictures or take some videos so that it's also a kind of recording. And then, uh, based on the follow up, we can also weigh some proper referral referrals, if possible, to nearby rehab centres and local health stations, and we can also form some group chat with the patients and families for continue of education. And the last thing is community network. We can encourage the patients to form some mutual groups so that they can do the self-help mutual help to support each other in the long run. So this kind of format can actually enhance the sustainability of the rehab in the long run. So, um, I would like to the last, the last picture that I would like to share with you. And you see, even though the all the client countries, Japan, they are still doing some tai chi. So they can we hope they can still maintain their quality of life despite they have such kind of trauma. So thank you so much. And uh, for uh, for listening to the sharing. And I would like to pay my respect to Sheila. She's she's also quite give me quite a lot of input in the presentation. Thank you.

[01:00:25] Well, thank you very much, Lavinia. Um, I thought that was an excellent presentation. And I will, uh, emphasise one of your points, which was sort of communication of the types of interventions and rehab that some of the patients are receiving as they move elsewhere to different parts of the country or different levels of care, because that continuity, uh, is always a real struggle. Um, inside of the minimal technical standards, um, that W.H.O. had has created a few years ago. That was that was one of the key points to is documentation, and I think we would all agree with it. But thank you so much for an excellent presentation. Um, um, I'll just ask if it's okay with everyone if we stay on just a little bit longer. Um, and what we can do is, um, sort of have some questions come from the attendees here. So as you're starting to think a little bit about your question, um, I'll also like I was just speaking with, uh, Heidi offline here. And what we'd like to do is to ask you, if you don't mind putting if you'd like. You don't have to, but if you'd like to put your email in the chat and fair enough, that's going to be a good 110 people there. It'll be a long list, but if you wanted to, then we could follow up with you, maybe even ask a few questions of, you know, what else, uh, specific content, um, etc.. So if if you're interested in being on a contact list, please just put your, uh, your email in the chat and we will be able to capture that. Um, so maybe I'll open it up now for anyone, uh, of the attendees who, um, who has a question or would like to ask a question. Um, I think the best way to do it is probably just to raise your hand, um, or put it in. Um. Yeah. Just raise your hand.

[01:02:18] So, Mike, I'll make them a panellist if they raise their hand.

[01:02:22] Okay. Yeah. Perfect. Thanks, Heidi. Yeah. I know that was a lot, of lot of information on on this first of a number of, um, sessions. Um. Okay. Well, I'm not seeing any hands come up. Um.

[01:02:41] Sorry. There's one that's being promoted right now to. Excellent. Thank you.

[01:02:47] Thank you.

[01:02:52] Okay.

[01:02:55] So I'm not. So, Heidi, why don't you just let us know when that person's in, and then they can just go ahead.

[01:03:00] Okay?

[01:03:01] Please. Yeah.

[01:03:07] Hello?

[01:03:08] Hello? Go ahead.

[01:03:12] Hello?

[01:03:14] Hello. Is this Martina? Please go ahead with your question.

[01:03:23] Uh. May I ask? What is the big challenges in the disaster area for physiotherapists?

[01:03:44] Uh.

[01:03:45] Tim, did you want to. Can you say that again? Was that a question? And maybe to who were you asking?

[01:03:52] Hello?

[01:03:54] Yeah.

[01:03:54] Go ahead. Yeah, yeah. I went to ask, uh, what is the big challenge? Uh, big challenges of the physiotherapists in the disaster area.

[01:04:13] Okay, so some of the big challenges. Phyllis, can I ask you to turn your, your, um, video on and maybe, uh, mention 1 or 2 of the the big challenges that you faced.

[01:04:26] Okay.

[01:04:33] You're still on mute, Phyllis.

[01:04:36] Sorry. And, uh, I'd like to ask, uh, whether he wanted to know, uh, the our challenges in terms of, uh, interventions or in terms of difficulties coming from the other, uh, regulatory bodies.

[01:04:55] Or maybe take the question, maybe from, um, a systems perspective, sort of like connecting supply demand imbalance and connecting. Yeah.

[01:05:06] Yeah. Actually, first, first of all, I would like to say that I would like to confess that we've got some system problems, because we did not have an algorithm for this, uh, for for having some acceptance, uh, to send our help, uh, to the peoples who endured, uh, in the, the, the earthquake area. So, uh, as a physiotherapist, as a member of the national body, we wanted to give more help for our colleagues there because they were also victim, uh, they were also injured and then having, uh, problems psychologically or, uh, physically. So we had some difficulties to have an acceptance from our health ministry and also the Ministry of Interior. So and then the other problem is, was, uh, one some of the colleagues of us, uh, had not enough knowledge and information on these, uh, even some, uh, physios working in the hospital. Uh, they had not enough capabilities, not enough competencies to understood the, uh, understood the, uh, the, the severity of the, uh, trauma. And then just focusing the musculoskeletal system, as I told you, if there would be a crash syndrome. Crash syndrome. Also, uh, a systematic problem. So need to know every, uh, you know, system. Uh, that's why it's important to know, uh, all the systems and then to have more knowledge, which, uh, and also the specific interventions for those patients.

[01:07:00] I mean, if there, there would have a dilemma. You should know the, the, the sources of the oedema, not just, uh, giving some, you know, generic Physiotherapy interventions for oedema. So that's why it's important to know the all systems, not just the Physiotherapy interventions. Applying basic interventions, but they are not due to, uh, venous insufficiency. Oedema. Could be it could be, uh, resulted in the other uh, systems, uh, depression or the other systems problems. So that's why, uh, that's why we have to know more, uh, knowledge and more experiences. Uh, and also, and also, uh, we have to have more collaboration with the orthopaedic surgeons because orthopaedic surgeons doing, uh, multiple operations, sometimes there is needed this kind of having multiple operations. So we have to prepare. Our planning or rehabilitation plan depended upon the patient's situation. Sometimes they are, they are. They are only

using standardised uh, and static type, uh, rehab programs. But the rehab programs should be dynamic. Maybe daily basis. You should do some modification. You should do some kind of, you know, uh, extra uh, interventions. So because you should have or you should follow the physiological responses of the patients and also psychological.

[01:08:40] Yeah.

[01:08:41] Yeah. Thanks. Thanks for this. Uh, excellent points. Uh, I think, um, maybe just to add a few, few details. Uh, listen, we all know this, but with a mass casualty event or sudden onset of this grandeur, any system is going to be overwhelmed. Um, and this is this is our challenge, right? Um, not not, uh, around the world, but certainly as we speak right now for, for this particular event. And so that might be one of the key points of these these next sessions is really building some competencies above which our colleagues might not have had before. Uh, but it does put in under a perspective of how to start linking all of these dots in a quick fashion. Um, so, so thank you for the answer. And thank you for the question. Um, let me let me go on. I think, Martina, I think you were brought in here because you had a question. So maybe we can have you, uh, turn your microphone on or your camera and go ahead. No.

[01:09:52] Hello, by the way.

[01:09:54] Okay, Tim, you go ahead if you have another question, please. Yeah.

[01:09:57] Um, another, uh, not question. I want to mention that our president, you, Mr. Landry, um, is Mr.. Pete is our, uh, in our in our member. He is our Physiotherapy founder. He is the founder of Physiotherapy. So I want to announce to all the attendees. You are meant that Mr. Pete is the founder of Physiotherapy in Myanmar. I want to announce in this, uh. Webinar.

[01:10:38] Well. Thank you. I just, uh, just to underscore that, uh, the one of the founders many, many decades ago who went to, uh, to Rangoon was, uh, Malcolm Pete, who eventually was my mentor. And that's sort of how Tim and I have connected on, uh, on different levels on this one. So, but but thank you for acknowledging that. I think, uh, the late Malcolm would be very appreciative. Um, there is a question. I'll read it out. It's in the, um, it's in the, um, the Q&A. And, Lavinia, I might come to you for an

answer or anyone else, but here's the question. How to take care of front, uh, front line staff's mental and physical health during a response. Could you share your good practices and experiences on it? This is a very insightful question on a lot of levels, because we who are not in Myanmar right now or in Thailand, you know, have a different view of what's happening. But all of the the consequences are among the population. And within that population are physiotherapists, physiatrists, nurses and other responders who've been directly affected. And so, um, Lavinia, please maybe make some comments on that. And I see Felice is adding a little bit of an answer. So over to you.

[01:12:01] Um, well, um, I think facing such a mass casualty is not an easy thing for everyone of us. Uh, we I think the teamwork, the support among the team is very important. Yeah, because I think no one can can only stand for ourselves in such situations because I think, um, if we are in the situation, the workload will be really demanding. The staff may need to work, work for long hours and even even sometimes. I think maybe the staff itself, they are also the victim. They may have families, they are also the sufferer. So I think the team, the team leaders, they have to be really aware of each other's, uh, um, mental status, the emotional status, and try to support and Encourage sharing.

[01:12:59] Yeah, yeah. A little bit of self care in in very dire and very difficult circumstances. Um, and these are excellent. Um, anyone else maybe from the panel. Want to add a little bit to that? Um, I see somebody's hand might be up. Uh, yeah. Phyllis, do you want. Go ahead, please open your mic and go.

[01:13:19] Yeah.

[01:13:21] Thank you. Uh, actually, it was very a crucial question for me, actually. Uh, it is, uh, it is another challenge, uh, for, uh, for, uh, our profession. Because as I told you before, the orthopaedic surgeons, uh, could have been faced this kind of problems, although some of them had the difficulties. But for the physio, it is much more, uh, difficult. So that's why at the beginning, what we've done, uh, we made a small group. Uh, I was the mentor mentoring of them. But the first webinar, we mostly talk about their psychology. And then before we, we, we, uh, we've given, uh, a kind of lectures. What kind of, uh, you know, difficulties they may face, uh, difficulties, uh, to find food

difficulties, uh, having many patients difficulties, uh. Difficulties as a psychologically, uh, as difficulties coming from their psychology because they are seeing many, many patients who had been severely injured. And then that's why as a group, uh, they, they have got some kind of, uh, educational program and they supported each other. Uh, then the mentorship should be continuous because my telephone was open 24 hours. Then if they would have some problems. Uh, a kind of psychological problems. Although I'm not psychologist, but immediately they were calling me, and then I was checking them whether it's not possible to work on more. And then we are going to, uh, drop down, uh, one, uh, physios and then take another person, standby person to there. But my, my uh experience is to make a shift maximum one week or maximum ten days, uh, would be good enough, uh, to work as a front line, uh, group, uh, working in the disaster field. Otherwise they may have, uh, more psychological problems because it's really difficult to and to to to keep themselves, uh, to keep themselves themselves physically and, and mentally, uh, healthy. More than if they would work more than ten days.

[01:16:06] Right. Thank you. Thank you for those answers. And there was, um, one other, um, question that I think Sheila is typing an answer to there. We will we will hold on to these questions. And I would encourage all of us to, you know, between now and we meet again to think about some questions and we'll bring them back. We do have to bring this to a close. And I think the the next step here, actually, uh, Heidi, I don't know if you can, um, show us the schedule for the next meetings that has the zoom links in it. Um, so for all of us here, there is the schedule that's been built with the zoom links that are embedded. Um, maybe we can attach that or put it in the chat or something. Heidi, I'm not sure the best way to get it out to everyone. Um, but as as, um, as you can see there, our next session is April 7th. Uh, with the World Federation of Occupational Therapists talking about, uh, nerve injury. Peripheral nerve injury in earthquakes. Um, having said that, I think, uh, Tim, I'd like to pass the final word over to you, uh, for some summary remarks. And to close this one, the first of many excellent sessions that we'll be hosting here on this platform. So, Tim, as they say, take it away.

[01:17:26] Okay. Thank you very much. I want to say I, uh, may I extend my great, great thanks to all the president and Mr. President for Physiotherapy and to bless you all. And thank we have so many, so many experiences from you. This is a very, very, For us because we have to, uh. We have to begin to devastate the area. We have no

experience. You are experienced. We have to use apply your experience. So I also thank you very much all the attendees, as well as the our president and all the presenters. Good night. Thank you.

[01:18:18] Thank you. Tim. Um, the recordings for these sessions will be made available through the associations. And, um, with that of those fine remarks from Tim, we'll bring this to a close. Thank you all so much for being here. Thanks for those who are presenting. Thanks to Heidi, who is managing in the background, uh, the whole process, uh, this is the beginning, not the end. And we'll see you the next time.

[01:18:41] Thank you. Bye bye.

[01:18:44] Be well.