

International Society of Posture & Gait Research

Message from the president



In this message from the president, I have three things I want to cover. First, I would like to thank Mark Hollands, as previous president, and Mark Carpenter, as past president, who rolled off the board after more than 10 years of service to ISPGR. Both have made enormous contributions to the society and helped shape it to the active and professional organization it is today. I also want to welcome our incoming board members Mike Cinnelli, Karen Li, Kim van Schooten and Beatrix Vereijken; and new executives Kim Delbaere (vice president), Geoff Wright (treasurer) and Nicoleta Bugnariu (secretary). They all have long-standing relationships with ISPGR and have served the society in various capacities. I am confident that with this

committed team and the excellent support of our conference secretariat, De Armond Management, ISPGR will continue to thrive.

Second, I want to take the opportunity to acknowledge the challenging circumstances we are facing in the current pandemic; *I hope you and your loved ones are all staying safe and healthy.* In the past year, we experienced interruptions to our research activities, and will possibly be interrupted again with the winter months ahead of many of us in the northern hemisphere. Students may be stressed whether they will be able to complete their studies in time. PI's may find it more challenging to manage their labs while being unable to physically meet as a group, and to teach online classes that require a lot of additional preparation time and effort. *Unfortunately, the pandemic also prevents us from having our physical conference in 2021, and I know many of you (including myself) had been greatly looking forward to this event, and to meeting with colleagues and friends.* It's a tough time and it's hard to project when we will have some semblance of normality again. Yet, it has also sparked creativity, moving research out of the lab towards home-based or online data collection. These solutions will also make useful additions to our post-covid research protocols, and I invite you to share your best practices with the ISPGR community, for instance in online symposia or blog posts.

Finally, I want to address ISPGR's virtual events program for the additional off-congress year. On December 3rd, a first online symposium was organized on the cortical control of balance and gait. It featured an excellent series of talks and with nearly 500 participants, proved to be a great success. I want to thank Teodoro Solis-Escalante for organizing and the speakers for sharing their latest research with us. This first symposium also demonstrated some opportunities provided by the current situation. The online format allowed people from developing nations or those who normally encounter difficulties in obtaining visa to participate, thus promoting inclusivity. In addition, the symposium attracted many researchers who do not normally attend ISPGR conferences. We have already received several excellent proposals for symposia to be organized in the first half of 2021. We strive for a program with online events approximately once every 6 weeks and hope to announce more details shortly. For the program in the second half of 2021, there will be a new call for proposals early in the new year, and I encourage you to start thinking of topics of interest. Note that student-led symposia are also very welcome! I look forward to receiving your proposals and to 'meeting' many of you in these online events.

Let me finish by wishing you happy holidays (in whatever shape or form you may be able to celebrate) and all the best for the new year!

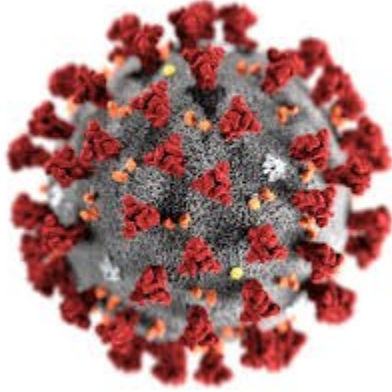
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Highlights

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Spotlight on... Research during a global pandemic



We have all been affected by the COVID-19 global pandemic both personally and professionally. In terms of our professional practice many of us have had to pause (and then re-start) research projects and have had uncertainty of our positions due to depleting or reduced grant funding.

Here we discuss the different perspectives of managing posture and gait research during the pandemic to learn some lessons from the field.

Martina Mancini, PhD and Laurie A. King, PhD, PT, MCR

Oregon Health & Science University, Portland, Oregon, USA

The recent COVID-19 global pandemic has swept across the globe causing hundreds of thousands of deaths, shutting down economies, closing borders and causing destruction on an unprecedented scale. The pandemic is also calling on researchers across the globe to rethink how research is conducted. Similar to the rest of the world, many academic and medical centers across the United States have paused research to eliminate non-essential contact to protect study participants and research staff. In March 2020, Oregon Health & Science University (OHSU) began planning an emergency response and declared Modified Operations based on the executive order of the Governor of Oregon. All three OHSU missions, healthcare, research, and education were affected by this near complete shutdown; and research activity in campus reduced by approximately 80% (<https://o2.ohsu.edu/covid-19/>).

The challenge of conducting research

Our Balance Disorders Laboratory was shut-down for all in-person research activity in March 2020. With this sudden change, all the members of our team had to work remotely creating a widespread and significant change to our workflow. Quickly, we needed to reorganize priorities of post-doctoral researchers and our research assistants, make sure everyone was confident and had all the resources to successfully work from home. We had to cancel all planned volunteers and international students for the summer. All of these changes required extra time for administrative and organizational work. The biggest challenge was the uncertainty of future in-person activities. Our laboratory conducts human clinic research and all of our projects require in-person data collection.

Solutions used to deal with COVID-19 restrictions

Our Laboratory has had a long-standing interest in objective measures, especially in natural environments. The challenges of COVID era research has propelled this work forward. We took advantage of the wearable technology, used for many of our trials,

and virtual platforms to convert parts of our human subject research to virtual. For example, we substituted our walking task in the laboratory with passive monitoring of gait and turning and home, both using wearable inertial sensors. For another project, we converted the vestibular rehabilitation protocol to a virtual platform where the physical therapist conducts the session virtually, using wearable sensors for feedback. We are currently assessing feasibility of such virtual assessment and therapy to help with future projects. In alignment with the Governor's subsequent orders to begin phased reopening of the state, OHSU began a gradual reopening of research activity, piloting a return to Level 2 in May and more broadly to Level 2 on June, 2020. For this phase we prioritized studies with younger participants, including people post concussion. This was still limited activity to approximately 50% of normal capacity. OHSU remains in Modified Operations and we plan to wait for approval before we will see older, more vulnerable populations in person.

Impact on Future research planning or strategy

Though we currently are limiting our in-person studies to only younger cohorts, we are continuing to see our older, more vulnerable populations, such as Parkinson's disease, remotely. We will continue with virtual consenting, virtual clinical evaluation, and prescribed standing and walking tasks, as well as passive monitoring over longer periods of time. Now, more than ever, we see the need for validation studies to truly evaluate the validity and reliability of the virtual assessments and virtual rehabilitation. This near-shutdown of research on one hand did allow for additional time to complete manuscripts and funding proposals, however, it made us think even more about future planning. For example, the importance and power of making data and algorithms open-source to allow for sharing data across institutions. In fact, sharing data previously collected allows for replication of results, investigation of different research questions, and establishing new collaborations. Though we look forward to resuming our in-person research activities, we will take what we have learned during this COVID period to grow and adapt, just as other industries have done.



Paulo Pelicioni, PhD

Post-doctoral Fellow, Falls, Balance and Injury Research Centre, Neuroscience Research Australia, Sydney, Australia

COVID-19 has affected research practice in Australia as in other countries around the globe. Most of the research conducted on gait and posture had to be interrupted due to initial strict lockdown rules. Australia, more particularly the state of New South Wales (NSW) had taken several months to allow researchers to go back to the laboratory and run some face-to-face studies.

The challenge of conducting research

It has been challenging to conduct research in Australia. Some important studies involving human, had to be interrupted, finished without achieving the proposed sample size, or delayed until the lockdown measures were “softened”. I work majorly with older adults and people with neurological disorders. Due to COVID-19 lockdown, these populations have also suffered due to aspects of social isolation and mental and physical health decline. During this time, we had to reflect on how COVID-19 affected these individuals (see references below), in order to strategize and plan future studies.

Solutions used to deal with COVID-19 restrictions

Even though the lockdown measures were softened and face-to-face research was allowed in NSW, the obligatory use of PPE has been necessary to stop contamination spread. Initially, research has been allowed for healthy people, and in the last couple of months, for people who are vulnerable (e.g. people with neurological disorders). A plausible strategy adopted for many researchers since the beginning of the pandemic, was the use of telehealth. Thus, some researchers have applied for amendments to ethics committees in order to approve changes in the research design to accommodate the assessments (physical, clinical and cognitive) and exercise prescriptions. Such solution has been welcomed by institutions, researchers and participants.

Impact on Future research planning or strategy

As researchers we have been careful with research planning due to the uncertainty caused by the COVID-19 pandemic. I am originally from Brazil and collaborate with 3 research groups there. There is no way of conducting any face-to-face research due to the lack of care to minimise and mitigate possible infection spread. Here in Australia, things are different, mainly in NSW. Now we are able to conduct face-to-face research, but with restrictions (e.g. use of PPE). Thus, a way to minimise the impact of COVID-19 on gait and posture research is to invest in remote technology, such as telehealth and wearable devices.

Yunus Celik

PhD Candidate, Department of Computer and Information Science, Northumbria University, United Kingdom

The COVID-19 pandemic has brought unprecedented challenges to many researchers around the world, including in the United Kingdom. Naturally, since I was not prepared for the impact of COVID-19, I have struggled to adopt to the virtual working environment. However, I was aware of the fact that the sooner I adopted the new style of working (some people call it the “new normal”) the better, in order to minimise the negative impacts of this pandemic on my research. I have been conducting my studies on gait assessment in neurological populations using wearable sensors. Although there are still obvious limitations in the use of university resources and on-time data collection, my research is still going on without huge impact from the pandemic, for now.

The challenge of conducting research

I can categorise the challenges of conducting research into two areas. The first and biggest challenge is about data collection. Like most second year PhD students with experimental projects, I was at the beginning of the data collection stage when the first restrictions were introduced. As of today (November 2020), I am still not able to collect the required data for my PhD. The second challenge is staying motivated, even though there are many restrictions and unknowns. I believe the communication between team members is the key here, but not without difficulties such as virtual meetings rather than face to face.

Solutions used to deal with COVID-19 restrictions

After a short period of time, we acknowledged that we need to come up with our own solutions to minimise the impact of COVID-19 pandemic on our research. Then, as a team member, I started to use online communication platforms more efficiently and created an office environment in home settings to keep things going on. Although these changes have improved a few minor limitations, obtaining the required data for my PhD is still a major problem as we do not have pre-collected data for my project.

Impact on Future research planning or strategy

After several team meetings, we decided to adjust the data collection strategy, changing the target population to include healthy populations, to allow some data collection to begin. After conducting studies on healthy young populations (i.e. those who are more resistant to the virus), we will use the gained knowledge (e.g. algorithms and strategies) for our neurological cohorts at a later date. No matter how much we change our strategies and try to adopt the new working style, unfortunately, many researchers will face big problems at some point, unless allowed to collect the required data with safety measures in place. In this sense, new updates on ethics and related safety documents may ensure restarting data collection with minimum risk to everyone.



Overview of A Randomised Trial of a Multifactorial Strategy to Prevent Serious Fall Injuries

(Bhasin et al, N Engl J Med 2020; 383:129-

The Strategies to Reduce Injuries and Develop Confidence in Elders (STRIDE) is a cluster-randomised trial to determine the clinical effectiveness of a patient-centred intervention in primary care settings on serious fall injuries in older people.

Study Sample

The trial was coordinated across 10 health care systems at 10 clinical sites, involving 86 eligible practices. Covariate-constrained randomisation was performed, according to the health care system and covariates such as practice size, location (urban vs. rural), and race and ethnic groups represented.

Participants were eligible if they were aged 70+ years and met one of: 1) fall-related injury in previous year, 2) two or more falls in previous year, 3) afraid of falling because of problems with balance or walking. Participants were excluded if they: 1) resided in a hospice, 2) resided in a nursing home, 3) were unable to give informed consent or proxy unavailable, 4) did not speak English or Spanish.

Recruitment information was mailed to 31,872 positive screening patients, 18,571 were interviewed, 5,451 were recruited and provided consent. Across the groups, the mean age was 80 years, 62% were women, 39% had an injurious fall in the previous year and 35% had two or more falls during the previous year. Intervention and control groups were similar with respect to practice and baseline characteristics of the participants.

Outcomes

The primary outcome for the trial was the time to first adjudicated serious fall injury (fractures other than a thoracic or lumbar vertebra, joint dislocation, cut requiring closure, hospitalisation for head injury, sprain or strain, bruising or swelling, or other serious injury). Secondary analyses included a practice-level analysis (i.e. comparing intervention and control primary care practices instead of individual participants) and analyses adjusted for a prespecified set of baseline covariates to examine their influence on the intervention effect, that were age [70-

79 years vs. 80+ years], sex, fear of falling, 2+ chronic conditions, previous hip fracture or other fracture after 50 years of age. Secondary outcomes included the time to first participant-reported fall injury, number of falls, number of fall injuries and measures of well-being.

Intervention and its implementation

The intervention aimed to implement a multifactorial program to reduce fall risk across a range of domains via Falls Care Managers who were specifically trained nurses. The intervention included five components:

1. Standardised assessment of seven modifiable risk factors for fall injuries conducted by the FCM.
 - Impairment of strength, gait or balance.
 - Medication use.
 - Postural hypotension.
 - Problems with feet or footwear.
 - Osteoporosis and vitamin D deficiency.
 - Home safety hazards.
 - Visual impairment.
2. Recommendations for interventions for the identified risk factors with motivational interviewing to elicit preferences and readiness to participate in treatments.
3. Development of an individualised falls care plan, initially focussed on 1-3 risk factors, based upon the individual's preference and approved by the primary care physician.
4. Implementation of the individualised falls care plan, managed by the Falls Care Managers or communicated to relevant providers, and referrals, as appropriate.

5. Follow-up care, via formal face-to-face visit by the Falls Care Managers within 6 months, then annually, during which risk factors were reassessed and care plan revised as needed.

The control group received enhanced usual care which included an information pamphlet about falls and were encouraged to discuss fall prevention with their primary care physician.

Main findings

The rates of a first adjudicated serious fall injury were not significantly different between groups; 4.9 and 5.3 events per 100 person-years follow-up in the intervention [and control groups, respectively](#) (HR 0.92; 95% CI, 0.80 to 1.06; P = 0.25). Practice-level analysis yielded similar results (HR 0.92; 95% CI, 0.78 to 1.08), as did a sensitivity analysis with adjustment for participant-level covariates (hazard ratio, 0.88; 95% CI, 0.76 to 1.02).

The secondary outcome of rate of a first participant-reported fall injury was different between groups; 25.6 and 28.6 events per 100 person-years of follow-up in the intervention and control groups, respectively (HR 0.90; 95% CI, 0.83 to 0.99; P = 0.004). The total number of adjudicated serious fall injuries (HR, 0.94; 95% CI, 0.81 to 1.10) and participant-reported fall injuries (HR, 0.96; 95% CI, 0.89 to 1.03) did not differ significantly between the groups. There was no significant difference between groups for hospitalisations resulting from serious adverse events (HR 0.98; 95% CI, 0.92 to 1.04; P = 0.47) or deaths resulting from serious adverse events (HR 1.01; 95% CI, 0.84 to 1.23; P = 0.88).

Authors reported thoughts as to why the trial was not effective

The finding of no significant reduction in the rate of time to first adjudicated serious fall injury was unexpected. The authors listed several reasons in the paper's discussion as to why it was not as effective as expected:

1. Adherence to the intervention may have been lower than in previous trials, due to barriers such as transportation, co-payments or insurance coverage.
2. Participants were referred to existing services provided by local health or community centres; the trial did not manage or evaluate these services.
3. Adherence to behaviour modification interventions was not routinely monitored.

4. The falls care plan was participant focussed and based upon their preferences, meaning some important recommendations were not implemented (e.g. 29% of participants with a medication-related fall risk factor agreed to a medication review).
5. Participants and their physicians together selected the mode of intervention and may have selected less effective approaches (e.g. calcium or vitamin D over osteoporosis medications).
6. 14% of the intervention participants did not receive any intervention.
7. Improving quality of care for fall prevention may not be sufficient to reduce time to serious fall injuries.
8. Conducting the intervention within the health care system may have increased the awareness of the risk of falls among all participants and providers, influencing fall prevention practice and leading to a longer time to first serious fall injuries in both groups.

Implications for future studies

The authors suggested that additional measures such as interventions to improve adherence and more intensive strategies to encourage the application of medication reviews may be needed in the future.

This article was adapted with permission, from a review written and published by the NSW Falls Prevention and Active Ageing Network [<https://fallsnetwork.neura.edu.au/>]. Read the full publication here [<https://www.nejm.org/doi/full/10.1056/NEJMoa2002183>]

Recent Related Tweets;

 **Sallie Lamb**
@SallieLamb18

We need to do more and/or better things to sustain fall prevention and reduce fractures in older people...please read...
[@exeterageing](#) [@jxbruce](#)
[@ExeterMed](#)

THE NEW ENGLAND JOURNAL OF MEDICINE

ORIGINAL ARTICLE

Screening and Intervention to Prevent Falls and Fractures in Older People

Sarah E. Lamb, D.Phil., Julie Bruce, Ph.D., Anower Hossain, Ph.D., Chen Ji, Ph.D., Roberta Longo, Ph.D., Ranjii Lal, Ph.D., Chris Bojke, Ph.D., Claire Hulme, Ph.D., Emma Withers, H.N.D., Susanne Finnegan, Ph.D., Ray Sheridan, M.R.C.P., Keith Willett, M.D., and Martin Underwood, M.D., for the Prevention of Fall Injury Trial Study Group*

7:28 pm · 5/11/20 · [Twitter Web App](#)

22 Retweets 6 Quote Tweets 51 Likes

 **Toby Ellmers**
@Toby_Ellmers

How can we best ensure face masks don't lead to increased trips and falls in older adults? Some musings from [@Elmar_Kal](#) [@willyoungexeter](#) and myself.



3:37 am · 29/10/20 · [Twitter Web App](#)

27 Retweets 9 Quote Tweets 55 Likes

 **Chris McCrum**
@chrismccrum

Looking up materials in prep for our systematic review course.

Fun fact:
Of the 25 PubMed-listed systematic reviews published in Gait & Posture in 2019, only 60% stated that they followed PRISMA & only 20% had registered protocols!

Thoughts [@ISPGR](#)
[@STORKinesiology](#) ?

2:37 am · 20/10/20 · [Twitter Web App](#)

1 Retweet 9 Likes



Open Science and COVID-19

Open Science, the new normal!

Open research data, open-source equipment designs, sharing tips, tricks & hacks to turbocharge the research pipeline are all being embraced within the community of posture and gait. Here is a toast to open science principles!

Open data: The much-needed alternative to ‘Data available on request from the authors’

Support for open data is growing among researchers. Institutions and funding agencies are getting on board. But there is a problem. Data generators who want to make their data publicly available have a plethora of options: [Zenodo](#), [Figshare](#), [Dryad](#), [DataCite](#), [Mendeley](#), [Open Science Framework](#) etc. These general-purpose data repositories, whilst lowering barriers for data discovery and citation, has opened new challenges regarding data standardization. A specific example of these challenges could be non-uniform meta data across open sourced gait datasets.

At ISPGR, we want to know...

How do you ensure that the gait and posture data you plan to share are useful for others?

Do you follow general data management standards such as [FAIR Data Principles](#)

For all the data requesters though, [Google’s](#) new data search service is rapidly becoming the first port of call for anyone searching datasets from our field.

Do it yourself!

Gait and balance perturbing devices are an important piece of equipment that you’d find in a modern-day gait laboratory. Standardized perturbations to gait and posture has immensely improved our understanding of stability, balance control and fall risk.

Are you looking to buy a perturbation device for your research work? Why not build your own?

A team of researchers from Stanford University has open-sourced the design files and instructions of a perturbation system for studying human balance and gait.

<https://biomechanics.stanford.edu/bump-em>

To do or not disinfect skin markers!

Is your laboratory trying to get back on its measuring (data-collection) feet? Here is an open practical guidance provided by Vicon to recover your motion capture research:

<https://www.vicon.com/resources/blog/guidance-on-the-disinfection-of-vicon-passive-retro-reflective-skin-markers-and-suits-during-the-covid-19-pandemic/>

Missing motion capture data?

Here is a potentially useful open-sourced tool to enhance the gap-filling pipeline during the pre-processing of your motion capture data: <https://github.com/JonathanCamargo/MoCapTools>

Do you want to share open source resources to the ISPGR community?

Let us know using @ISPGR!

Meet the Newsletter Team of the Communications Committee



The ISPGR Communications Committee has recently expanded and new members have been inducted, with different streams that cover the way we deliver new content to you under the ISPGR banner ([see here](#)). The newsletter is a collaborative effort from international members of the ISPGR communications committee, who are striving to provide our members with a range of relevant content. Here we provide an overview of the newsletter team;

Samuel Stuart



I am... a Senior Research Fellow and Honorary Clinical Physiotherapist at Northumbria University, UK.

How long with ISPGR? Since 2014.

Why ISPGR? ISPGR strikes a balance between the basic and clinical sciences, which is an ideal fit for my research and clinical interests and has allowed me to develop a strong international research network.

I help at ISPGR because Societies such as ISGPR are vital for new and early career researchers as they allow development of networks on a national and international scale. I want to help ISPGR because they inclusive of young researchers and provide them with opportunities to develop.

Daina Sturnieks



I am... a Senior Research Scientist at Neuroscience Research Australia. For ISPGR, I am on the communications and audit committees.

How long with ISPGR? Since 2001. When I attended the ISPGR conference in Maastricht, The Netherlands, as a fresh-faced PhD student, shared drinks and dance floors with my Posture and Gait Research heroes and felt instantly welcomed into the community.

Why ISPGR? I am a member because it has always been my favourite scientific conference to attend, with so much related to my areas of study, but more recently the additional activities the society offers in terms of information sharing, collaboration and professional development.

I help at ISPGR because I appreciate all the work that people have done over decades to establish and keep the society active and growing. I am very happy to chip in too.


Jodi Ventre



I am... A PhD student at Manchester Metropolitan University, UK.

How long with ISPGR? Since 2019.

Why ISPGR? Since attending the ISPGR congress in Edinburgh, I have been made to feel extremely welcome when entering into my first international research community. Posture and gait research is closely aligned to my research, which primarily focuses on fall risk factors in middle-aged individuals. I have had many interactions with fantastic researchers from the congress which has presented me with valuable new ideas and collaborative opportunities.

I help at ISPGR because... I want to help to promote the fantastic work that goes on at ISPGR. I believe that through effective communication, society members can interact and collaborate on novel ideas whilst continuing to use ISPGR platforms to share valuable knowledge. 

Ravi Deepak Kumar



I am... a PhD student at the Laboratory for Movement Biomechanics at ETH Zurich since 2016.

How long with ISPGR? Since 2019.

Why ISPGR? Attending the ISPGR Congress 2019 in Edinburgh unlocked for me, a very vibrant and welcoming research community interested in the broad discipline of posture and gait research. As an Engineer, science communication in ISPGR filled with clinicians, physical therapists and movement scientists have been an emotionally overwhelming but enriching experience over the last two years.

I help at ISPGR because I am passionate about community building for thought and exchange.

Carolyn Duncan



I am... an Assistant Professor in the Department of Kinesiology and Integrative Physiology at Michigan Technological University.

How long with ISPGR? Since 2014. My first congress was in Vancouver.

Why ISPGR? I am a member of ISPGR because my research focuses on reactive balance control, fall prevention, and improved functional mobility. ISPGR is a group I'm actively involved with because their goals topics and membership so closely align with mine. It is a great society to gain insights in the current research in my area, while having the opportunity to network and potentially form collaborations with other researchers in my field.

I help at ISPGR because... I believe that the secret to a well-run society is the involvement of its membership. As a young researcher who is active on social media, the communications committee allows me to use my skill set to give back to the society.

Literature scan

Doth pride cometh before the fall?

As part of the BMJ 2017 Christmas Issue, this research finally puts to rest the age old adage that “prides comes before a fall.” They found that participants with self-reported high levels of pride had significantly lower odds of reported falls compared to those with low pride even after accounting for a number of known co-factors. Perhaps the threat of a bruised ego is enough protection to keep you on your toes!

McMinn D, Fergusson SJ, Daly M (2017). Does pride really come before a fall? Longitudinal analysis of older English adults. *BMJ*, DOI: [10.1136/bmj.j5451](https://doi.org/10.1136/bmj.j5451)

Kinematics out of the lab

One of the highest-cited manuscripts in Gait & Posture last year, this review brings to the forefront the instrumental, computational and methodological issues that must be considered when estimating joint kinematics from sensor technology.

Picerno P (2017). 25 years of lower limb joint kinematics by using inertial and magnetic sensors: A review of methodological approaches. *Gait & Posture*, DOI: [10.1016/j.gaitpost.2016.11.008](https://doi.org/10.1016/j.gaitpost.2016.11.008)

Membership

Interested in becoming a member of the ISPGR?

Should you become a member?

Membership in ISPGR is open to scientists, researchers, clinicians and students from around the world involved in the many research and practical aspects of Gait and Posture. Membership dues support the ISPGR's mission of creating a community of multidisciplinary posture and gait researchers and students.

Our two-year membership cycle for 2020-2022!

Student/PostDoc: \$75USD

Regular: \$150USD

For more information, please visit the ISPGR membership [webpage](#).

ISPGR Membership Renewal is now open!

Renew your membership for continued access to membership benefits, including free registration for upcoming online sessions.

The current membership cycle is valid from October 1 2020 - September 30 2022 and will include membership for:

- 2020/2021 online events submission and attendance
- 2022 Congress abstract submission process
- 2022 World Congress
- Next board election period

As a reminder, if you were unable to join us for the AGM in early July, please note the minutes have been posted in the members only area of the website.



MEMBER BENEFITS

- Exclusive opportunity to submit abstracts for review and consideration for presentation at Society Meetings
- Opportunity to register for Society Meetings at reduced registration rates
- Opportunity to register for ISPGR presented online sessions at reduced or complimentary rates
- Professional development and networking
- Access to online resources and conference proceedings
- Opportunity to submit applications for student scholarships and awards
- 20% discount on a subscription to ISPGR's official publication, Gait & Posture, published by Elsevier 8 times per year
- Ability to post and review job and grant opportunities
- Opportunity to post news and information on related events
- Opportunity to vote in annual elections for the Board of Directors
- Opportunity to stand for election to the Board of Directors
- Opportunity to serve as an officer of the Board of Directors
- Opportunity to serve on Society committees

Get ready for #ISPGR2022 World Congress!



Announced at ISPGR2019 in Edinburgh, UK, the 25th edition of the ISPGR world congress will be held in Brisbane, Australia.

As part of our change to a biennial congress format (and due to the impact of the pandemic), the congress will be held from the 2nd to 7th July, 2022 at the [Brisbane Convention Centre](#).

JULY 2 – 7, BRISBANE, AUSTRALIA

There's a lot happening in Brisbane now. The city is an emerging economic powerhouse in the Asia Pacific region, with massive levels of investment giving rise to new developments including vibrant venues and hotels ranging from 3.5 to 6-star.

Brisbane is home to the "world's best convention centre", a flourishing dining and bar scene, and a year-round calendar of major events and cultural attractions drawing record numbers of business and leisure visitors. Recognised as Australia's "most sustainable city", Brisbane is clean, green and easily walkable. The city is becoming even more accessible for travellers, with new air routes opening up and construction underway on a \$1.3 billion parallel runway that will see Brisbane Airport operate at the same capacity as Singapore and Hong Kong by 2020. As a magnet for talent and skills, Brisbane is home to world-renowned research centres and offers access to thought-leaders across key growth industries.



2021/22 Key Dates

Poster and Oral Submissions:

October 2021

Registration opens:

March/April 2022

Pre-Congress Workshop Submissions:

October 2021

Symposia Submissions:

August 2021

Awards Applications Open:

October 2021

Late Breaking Abstracts:

March/April 2022

Travel Award Submission Deadline:

March/April 2022

2022 Congress Dates:

July 2–7, 2022

Looking for that next position?

Members can log onto the ISPGR jobs board and view recent vacancies. Any member can post jobs on the jobs board.



Latest from the ISPGR Jobs Board

Academic

Professor of Rehabilitation in Neurodegenerative Disorders, KU Leuven, Belgium ([LINK](#))

Professor Human Neuroscience College of Health Solutions, Arizona State ([LINK](#))

Open-rank Tenure/Tenure track Position Northeastern University Boston, MA ([LINK](#))

Other Opportunities in 2021

Conference, school and symposium announcements:

1. Physiotherapy Research Society Conference (virtual), UK, April 2021
2. Gait & Clinical Movement Analysis Society (GCMAS) Annual Conference, West Chester, PA, USA, June 8-9 2021
3. International Conference on Sport Science, Running Mechanics and Gait Analysis, Sydney, Australia, March 29-30, 2021
4. European Society for Movement Analysis in Adults and Children (ESMAC), Odense, Denmark, 11-16 October 2021

Calls for Manuscripts

1. Cross-Disciplinary Approaches to Characterize Gait and Posture Disturbances in Aging and Related Diseases ([Frontiers in Bioengineering and Biotechnology](#))
2. Advanced Applications in Wearable Biosensors ([Sensors](#))

Useful links

International Society of Posture & Gait Research : www.ispgr.org

Gait & Clinical Movement Analysis Society : www.gcmass.org

European Society for Movement Analysis in Adults and Children : www.esmac.org

International Society for the Measurement of Physical Behaviour: www.ismpb.org

Société Francophone Posture Equilibre Locomotion : www.posture-equilibre.asso.fr/

Società Italian di Analisi del Movimento in Clinica : www.siamoc.it

American Society of Biomechanics: www.asbweb.org

Société Francophone d'Analyse du Mouvement chez l'Enfant et l'Adulte: www.sofamea.org

Gait & Posture journal : www.journals.elsevier.com/gait-and-posture/

ISPGR

www.ispgr.org

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If you have any questions or comments, please do not hesitate to contact the Communications Committee of the International Society of Posture & Gait Research for further information. (ispgr@ispgr.org)

For any suggestions directly related to the ISPGR newsletter, please contact the Editors

Newsletter Editors

Sam Stuart ([@samstuart87](#) / [@Physio_In_Lab](#)) - sam.stuart@northumbria.ac.uk

Daina Sturnieks ([@DrSturnieks](#)) - d.sturnieks@unsw.edu.au

Jodi Ventre ([@JodiVentre](#)) - jodi.ventre@stu.mmu.ac.uk

Ravi Deepak Kumar ([@Deepak_K_Ravi](#)) - deepak.ravi@hest.ethz.ch

Carolyn Duncan ([@DrCarolynDuncan](#)) - caduncan@mtu.edu



Highlights: Our most recent blogs (<https://ispgr.org/ispgr-blog/>)

The blog was started over four years now and now boasts over 120 separate blog posts on posture and gait research.

ISPGR BLOG (ISSN 2561-4703)

Are you interested in writing a blog post for the ISPGR website? If so, please email the ISPGR Secretariat at (ispgr@ispgr.org) with the following information:

- First and Last Name
- Institution/Affiliation
- Paper you will be referencing

Recent Blog posts:

BIOMECHANICAL STRATEGIES TO AVOID FALLING WHILE WALKING OVER A SLIPPERY SURFACE

Jul 27, 2020 | ISPGR Blog

WALKING MOSTLY UPHILL OR DOWNHILL? CHOOSE YOUR SHOES BASED UPON WHICH WAY YOU ARE WALKING!

Jul 21, 2020 | ISPGR Blog



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