health, "Not healthy" at 3rd year was 26.4%. Compared with the 1st year and 2nd year results, it has taken a turn for the significantly better (1st year 49.9%; 2nd year 35.1%). With regard to the psychological condition, the Positive response of IES-R at 3rd year was 11.6%. Compared with the 1st year and 2nd year results, the Positive response of IES-R significantly decrease (1st year 49.8; 2nd year 31.8%. $p < 0.001$, by Pearson Chi-square).
Conclusion: After 3rd year of the Sichuan earthquake disaster, the survivors' physical and psychological conditions have improved compared to 1st year and 2nd year results. However most of the survivors still had some health problems in their health. Our local nursing authorities still need to go on their health promotion, which can further improve the survivors' health status.
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(A313) Role of Physiatrists in Post Disaster Scenarios - Lessons Learned from Pakistan, China and Haiti Earthquakes

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Introduction: Physical Medicine and Rehabilitation is a goal oriented and patient centered specialty which focuses on functional restoration and quality of life of persons with disability. The patterns of injuries among survivors of recent disasters have, range from mild (single limb fracture) to catastrophic (spinal cord injury, amputation, traumatic brain injury). Historically physiatrists have not participated the acute disaster management phase or in the emergent post disaster rehabilitation planning. This task is usually relegated to the trauma, orthopedic and general surgeons.
Methodology: Authors had firsthand experience in the acute and emergent care and rehabilitation of trauma patients after Pakistan, China and Haiti earthquakes. An electronic literature search (English, 1965–2010, Key words: trauma, rehabilitation, disability, spinal cord injury, amputation, disaster, nerve injury) was carried out. Experience sharing through committees, online forum, and communications were conducted with physiatry colleagues internationally.
Results: In these three recent earthquakes, Physiatrists provided direct patient care, including guidance in the evacuation of survivors with pre-existing disabilities, transport of persons with spinal trauma, treatment of wounds, fractures, pain, spinal trauma patients and persons with amputations. Physiatrists devised appropriate plans for conservative management of fractures. Education of local staff and coordination of rehabilitation was initiated. Monitoring, prevention and treatment of secondary complications including prolonged immobility, pressure ulcers, chronic pain, urinary, bowel and respiratory dysfunction was performed. Physiatrists helped in patient counseling and family education.
Conclusion: Physiatrists by virtue of their training and skills are in a better position to manage the disabilities, including direction of rehabilitation and community integration, prevention of complications, and education and training of health workers and teams. Timely rehabilitation interventions for Spinal cord injuries and lower limb amputations following the Pakistan, China and Haiti earthquakes resulted in reduction in morbidity and mortality among those with catastrophic injuries.
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(A314) Role of Medical Rehabilitation in Acute Disaster Response

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Introduction: Natural Disasters result in a sudden onslaught of huge numbers of catastrophic and disabling injuries including spinal cord injuries, traumatic brain injuries, limb amputations, long bone fractures and peripheral nerve injuries. In addition to these there are persons with pre-existing disabilities in the affected disaster zones. Oftentimes disasters overwhelm the available resources and rehabilitation services are usually underdeveloped in most parts of the disaster affected zones. Both challenges are frequently neglected and not included in disaster response planning. As a consequence, Physical and Rehabilitation Medicine (PRM) has traditionally played no or little role in the post disaster phase and disaster planning.
Methodology: The data was derived from an English language literature search (1950–2010) using Pubmed, Google Scholar, Sciencedirect, Ovid, and Sagepub. Other sources of data included discussion with subject matter experts and the author's personal experience.
Results: PRM has not historically become actively engaged in medical rehabilitation of injuries until 24-48 hours post-event. The emergence of the discipline of disaster rehabilitation however, advances PMR into the emergency response phase. This paper describes the disability pattern after disasters, shortcomings in the traditional disaster response with reference to PMR interventions and disabled populations and its negative consequences. It then explores the rehabilitation interventions offered in different disaster scenarios during the last decade and its positive impact in achieving a better outcome for the new onset and pre-existing disabled population.
Conclusions: This is the first paper in biomedical literature exploring the possible role of PRM in the post disaster phase. The paper offers recommendations to include PRM in the disaster response phase and possible plans of action for organizations working in the fields of disability and disaster management. It is expected that this paper will guide future research and establishment of the field of Disaster Rehabilitation.
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(A315) The Role of Poison Centers in the 2010 Gulf Oil Spill Response

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Introduction: There are 60 Poison Centers in the United States that manage over 2.5 million poison exposure calls each year.