



The International Association for Physical Therapists working with Older People

Newsletter 10

Website www.iptop.wcpt.org

August 2006

This newsletter is to update everyone on the association. It is sent direct to special interest groups as they become known. A resume is sent to WCPT News. The idea for an association began in 1993 at an international course in Malta; was discussed at WCPT Washington in 1995 and at WCPT Yokohama in 1999 where a shadow committee and steering group were formed. The Foundation Meeting was held in Birmingham, UK, 2002. At WCPT Barcelona 2003, IPTOP was accepted as a WCPT subgroup. General meetings have been held in Barcelona 2003; Dublin 2004, and Melbourne 2005. Membership currently stands at 18 countries representing @ 8,000 physical therapists. The efforts of the association are directed towards member associations and their individual members working with older people through excellence, research, practice and clinical specialisation. Officers travelling to international conferences are self funded. This newsletter is published on our website six months after distribution to members. A summary is published in WCPT news.

Message from the chairperson.

Dear Colleagues,

It is hard to realise that in less than a year the next WCPT conference will be over. The history of IPTOP (see box above) has been closely linked with the last 3 of these events and the four yearly general meeting hosts the election of officers (chair, vice chair, secretary, newsletter editor) and a representative from each region for a maximum two terms of office. The chair and secretary may come from the same country, but there should not be more than two executive committee members from the same country. As the Constitution was formally accepted in Barcelona in 2003, one term of office has been served by all office bearers. Nomination papers, to be returned by 31 December 2006, will be circulated shortly and I would like all member groups to consider suitable candidates to run for office. It is important for the future of the Association that selected people should be innovative; sensitive to the political, cultural and professional needs of individual countries; and prepared to take the Association forward in a strategic way with members support.

I have arranged for an exhibition stand for Vancouver which will include our new poster (see p 4 for details and note 30 September deadline for your photographic contributions)and volunteers will be required to man this for a short periods. We are also planning an IPTOP evening, the actual date will be circulated when the WCPT social programme is finalised.

Hopefully I will meet up with colleagues in November in Istanbul when IPTOP joins with the Turkish Association of Physiotherapists working with Older People in a joint conference. This promises to be an exciting occasion with international speakers from America and the UK together with presenters from Turkey. I have now been to four conferences in Turkey and have never been disappointed and I am sure this one will provide some stimulating papers as well as a high standard social programme.

It is with regret that we have received a letter of resignation from Annette Brown, Australia rep and Vice Chair. Annette contributed in a meaningful way helping set up the Constitution and getting IPTOP established. We thank her for her valuable contribution.

Olwen Finlay MBE
chair@iptop.wcpt.org

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Main Feature---Feet and footwear of older people in the UK

Olwen Finlay

In Somerset, UK there has been a recent find of the oldest shoe in Britain. Archaeologists inform us that this 2000-year-old find provides useful information on the lifestyle, work tools and hunting habits of our ancestors.

The therapist of today can learn much from including the foot in the initial assessment. This will include history, palpation, measurement, record of circulatory problems, mapping of vulnerable skin, range of movement and gait observation as well as shoe examination. The hind foot function of the patient should be observed standing behind the patient in the initial assessment of the older person (Finlay and Fullerton, 2002). Although various health care professionals can provide this service, physical therapists are in a unique position to assess the patient's total mobility needs, evaluate the footwear, consider the fit and examine safety aspects. They understand the structures of the foot, the biomechanics of gait and weight transference as well as joint movement. Physical therapists are well placed to identify risk factors and abnormalities in the feet and footwear, yet experience has shown that this is an area of care where a pro-active approach is not always taken.

Footwear management should be considered as a treatment technique that can be employed to maintain or restore mobility, (Finlay & Fullerton 1996). Finlay (1986) & Kwok (1994) both found that older people admitted to hospital rarely had suitable footwear. Footwear management requires a wide range of skills and knowledge due to the complexities involved. Gait analysis is a science and an art of correlating clinical findings with objectively quantified biomechanical parameters that present during posture and locomotion.

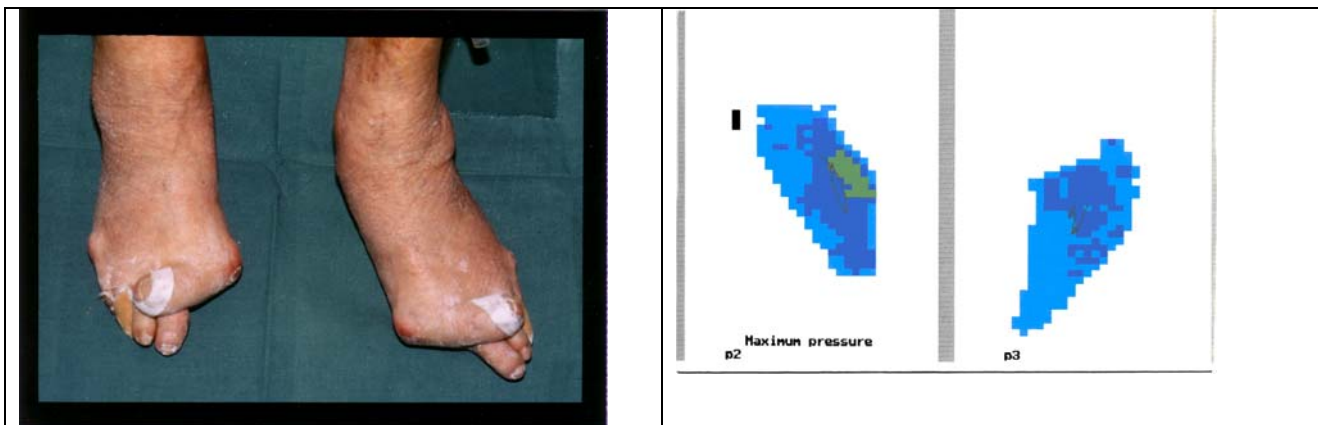


Plate 1

Plate 2

A 97-year-old lady was still mobile in spite of poor foot function and extreme hallux valgus, which inhibited foot function.

Under-plantar pressure technology identified that weight bearing occurred in the mid tarsal region. The black line defines the centre of pressure during weight bearing. The instability is easily identified by the irregularity of the line

The shoe trade with its emphasis on fashion often fails to provide optimum conditions for safe mobility. Elderly people require safe, well fitting footwear, however this does not necessarily require being expensive. The essential components of good shoes are that they fit well, help the wearer to stand and move in comfort and safety, maximise stability, protect the feet keep them warm but not overheated, are easy to put on, take off to fasten and unfasten and are suited to the individual's lifestyle (Finlay and Fullerton 2002).



Plate 3

The instability and associated risks are easily identified



Plate 4

Ill fitting slippers do not provide optimum conditions for safe mobility.

Elderly people, like younger people, are unwilling to walk if their feet hurt (Finlay 1995), yet as people age, they are more likely to have foot problems and can experience difficulty in finding comfortable shoes. Unsatisfactory footwear may hinder mobility, increase the risk of an accident, increase the risk of falling, possibly undermine health, independence and quality of life and outdoor activity can become almost impossible when the compounds of the shoe deteriorate.

The principal role of the physical therapist working with older people is usually to maximise function (Finlay 1995), with mobility and gait analysis being part of the treatment process, thus any treatment technique that facilitates this should be high on the agenda. Physical therapists have a responsibility to ensure that lack of a suitable product does not impede rehabilitation (Finlay & Fullerton 1997).

In a normal day 700 tons of weight is placed on each foot, and the average person walks over 200,000 miles in the course of a lifetime. It is important that feet and footwear can cope with these stresses. Normal pressure on the sole of the foot can vary between 1-7 Kgms per square centimeter (Roggero et al 1993), depending on age, disease, gait pattern and cadence. A normal foot should bear 25% of the body weight during standing, the rest being equally divided and transferred from the metatarsals to the phalanges with the first toe taking double the weight of the lesser toes. The integrity of the medial longitudinal arch ensures that most of the body weight is transferred along the lateral borders of the foot from heel to toe and there may also be complex interplay between shoe and walking surfaces (Finlay and Beringer, 2006)

An expected clinically significant age change that does occur is the atrophy of the pedal fat pad and plantar skin (Evanski 1982). Loss of subcutaneous tissue leads to increased local plantar pressure and increased incidence of plantar callosities. Loss of the fat pad under the heel can lead to painful heel syndrome.

Most foot pain is due to arthritis and is usually mechanical in origin, the consequences of trauma or wearing inappropriate footwear in earlier life (Dieppe 1990). Typical deformities of the rheumatoid arthritic foot include, pronation of the hind foot, splayed forefoot, flattening of the arches and Hallux valgus and when this occurs extra depth in the toe box is required, although this does not usually require bespoke footwear but rather an in-depth knowledge of the local commercial market. Need will vary between countries, the african foot will require a wider last than that of the European foot, while the asian last will tend to be narrower and shorter, thus one cannot make recommendations on precise need but rather recommend principles for the ideal shoe.

Conclusions

Comfortable feet and safe footwear are essential for mobility and well being of older people, however there is a general lack of awareness in this field not only among the older population itself but with health care professionals as well. More advice is required to increase the knowledge in this field. Hopefully this short description will help increase awareness associated with footwear problems and alert therapists to consider as to how they can maximise function in older people.

References

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General Information

IPTOP web page (please send your comments on this item to Amanda Squires (editor@iptop.wcpt.org))

We now have our own web page within the WCPT website. It can be accessed direct through www.iptop.wcpt.org or via the WCPT website www.wcpt.org. Each officer (eg chair@iptop.wcpt.org) and each member organisation representative (eg germany@iptop.wcpt.org) has an IPTOP address with mail automatically redirected to personal e-mails. These are all listed on the front page of the site. Our web page has 5 sections: contact details; about IPTOP (our leaflet); Newsletters---current and past; Meeting notes; and Conferences. Please encourage members to visit the IPTOP *and* WCPT websites. Members are advised to install a Spam Catcher to block unwanted use of our IPTOP e-mail addresses.

IPTOP Poster

It was agreed in Melbourne that the Committee would produce a poster that could be displayed at Vancouver and borrowed by any member country to display at any other relevant venue. We would like to include photographs from each region showing the diversity of our work. Photos should be in colour, have the written agreement of people shown in them, have a piece of text in English to explain the picture, and be as timeless as possible---posters are expensive to produce and we hope that this one will last at least 5 years.

Please send your photographs, text and any suggestions to Amanda Squires (editor@iptop.wcpt.org) . **Deadline 30 September 2006.**

Treasurers Report---Nancy Prickett

No report this time.

Nancy Prickett, Treasurer
aspennp@voicenet.com

Conferences (contributions to editor@iptop.wcpt.org)

IPTOP Congress 2006 in conjunction with Turkey Geriatric Association, National Congress. 3-5 November “Global Therapeutic Approaches to Working with Older People”

IMPORTANT DATES TO REMEMBER

Last day to cancel registrations without penalty	06 September 2006, Wednesday
Last day to cancel hotel bookings with deposit amount	02 October 2006, Monday
Last day to cancel registrations with 50.- EURO/ €	09 October 2006, Monday
Deadline for Pre-Registration	20 October 2006, Friday
Opening On-Site Registration	02 November 2006, Thursday
Opening Congress	03 November 2006, Friday

Topics of the Congress

Gerontology and Geriatric Care:

Normal aging process, healthy aging, physical activity in aging, quality of life, geriatric care services, community based and home based programs, physical and functional evaluation of elder people, health policies.

Orthopedics in Geriatrics, Treatment and Rehabilitation:

Osteoporosis, vertebral deformities, fall, fractures, degenerative arthritis, rheumatic diseases, arthroplasties, foot deformities, diabetic foot, amputation.

Neurology in Geriatrics, Treatment and Rehabilitation:

Aging process on neuromuscular system, vestibular dysfunction and balance problems, stroke, senile parkinsonism, psychosocial and behavioural problems, dementia and Alzheimer, perception and cognitive problems.

Other System Problems, Treatment and Rehabilitation:

Cardiac and pulmonary problems, urinary and gynecological problems, hearing and visual loss.

PRE – POST CONGRESS COURSES

- Course-1** Kinesio Taping-1(Basic Level) Course Instructor: **Casimo Bruno,PT**
Course-2 Tai-Chi Course Instructor: **Annette Brown,PT,PhD**
Course-3 Pilates Exercises for Older People,
Course Instructor: **Shari Rosenberg, PT, BSC-UCT, Teacher**
Course 4 A model physiotherapy program with McConnell Taping for patients with shoulder
problem, Course Instructor: **Alfio Albasini, PT, GradDipManipTherapPT, IFOMT**

For more information please visit www.iptopcongress2006.org

IPTOP 2008 offers please to Olwen chair@iptop.wcpt.org (see below “IPTOP conferences – links to Member Organisation Conferences”)

IPTOP conferences – linked to Member Organisation Conferences

IPTOP as an International organisation of Physical Therapists working with Older People encourages collaboration between its member organisations. Member organisations are from each of the World Confederation of Physical Therapists Regions except Africa, (as yet there are no special interest groups working with older people yet established) and represents member organisations at differing stages of development when working with older people. The constitution requires a four yearly meeting to be held in conjunction with the WCPT congress.

To facilitate business progress and ensure members organisations in all regions have an opportunity to cost effectively participate in the organisation, IPTOP seeks invitations from member organisations willing to collaborate with IPTOP to include a meeting within their programme so members can attend a local annual conference and an IPTOP meeting.

The Purpose of this briefing: To provide guidance to member Organisations interested in adding an international dimension to their congress by holding it in collaboration with IPTOP.

Collaboration means: Some IPTOP involvement in the programme planning; Time for an IPTOP delegate meeting; IPTOP assistance in promotion.

Organisation: The organisation, funding and profit from the national conference remain that of the organising country. However, IPTOP may be able to provide help with organisation and will negotiate in advance a pro rata share of any profit.

Benefits to Host Organisation; increased participation---international delegates attend on same basis and for the same fee as national delegates; international profile; possibility of increased national profile; opportunity for local members to expand international contacts.

Benefits to IPTOP: Expand awareness of, and increase participation in, IPTOP; facilitates progress of business; helps to build the financial resources of IPTOP; IPTOP members may be international experts. National members also have the unique opportunity to meet and share professional knowledge both formally and informally with international colleagues.

Financial issues: negotiate a pro rata organisation fee to IPTOP e.g. % of the delegate fee (or perhaps the international delegate fee); seek sources of funding to assist delegates from organisations that would not otherwise be represented. Any financial help that the national organisers can obtain to enable IPTOP members from organisations, which normally could not afford to sponsor a delegate within its region to attend the conference, would be much appreciated, and equitable allocation would be managed by IPTOP.

Contact Olwen Finlay (chair@iptop.wcpt.org) for more information.

Moving Physical Therapy Forward.

Every four years WCPT hosts a therapy research, practice and education congress. For 2007 there are 5 themed programme tracks:

Track 1: Global Health

Track 2: Professional Issues

Track 3: Professional Practice

Track 4: Education

Track 5: Research and Development

Congress is relevant to any physical therapist, whether they are a student, clinician, manager, educator, researcher or policy-maker. With a range of session formats, that includes keynote speakers, focused symposia, workshops, discussion panels and networking sessions, as well as free papers, there is something to appeal to everyone. In the free papers there are two categories of papers that enable the presentation of research as well as aspects of practice and development that are more applied:

Delegates can now set up an account via the website which enables them to register, book accommodation, submit an abstract and (soon) view the whole programme.

IPTOP involvement was discussed at the general meeting in Melbourne (see report). This conference gives IPTOP the opportunity to participate fully at world level. The General Meeting will be held at Congress which include election of officers. IPTOP executive is considering preceding the conference with a course, a display stand and planning a social function.

Key dates

15 September 2006: FINAL deadline for submission of abstracts & Super Early Bird registration deadline

31 December 2006: registration refund less CA\$200 deadline

31 January 2007: notice sent to all individuals who submitted abstracts advising whether their presentation has been accepted, plus notice of date by which confirmation of intention to present must be received, along with payment of registration fees

28 February 2007: Early Bird registration deadline & date by which accepted abstract presenters must confirm their intention to present

1 March 2007: registration refund less CA\$300 deadline (no refunds after this date)

31 March 2007: FINAL notification sent to all presenters indicating the day and time of their presentation

20 April 2007: deadline to book hotel rooms

15 May 2007: After Early Bird deadline for registration and name substitutions

CPD and Education

International continuing professional development for physical therapists working with older people.

Collaboration between WCPT and the United Nations Institute on Ageing has resulted in a two week residential course curriculum with the following aims, objectives and themes:

1

- 2 **Aims:** 1. To improve the healthcare of older persons by developing relevant PT attitudes, knowledge and skills
2. To develop PT skills to influence policy both locally and nationally

- Objectives**
1. To increase awareness of and sensitivity to the process of aging and its implications
 2. To adopt realistic and professional attitudes
 3. To highlight the need for
 - a. a comprehensive approach to the care of older persons
 - b. a multidisciplinary approach
 - c. community oriented health services
 4. To promote the value of physical therapy services for older persons.

Themes: Demography and epidemiology
Aging---biological, psychological, social,
Health services, health promotion, illness prevention, community and government support
Physiotherapy specific including legal and ethical issues
Leadership, communication, negotiation, education and training skills.

- 3 The course is presented as formal lectures and facilitated learning followed by small group work. It is not a clinical practice course. Participants are encouraged to share their own areas of expertise formally and informally. Each course ends with each participant presenting their action plan for a work based project which is followed up by the tutors. Two courses have been held (1993 for physiotherapists, 1997 for physiotherapists and occupational therapists) both hosted by Malta. All students found it beneficial, especially the opportunity to be with colleagues from the same specialty for an extended period. Students stated "*it was enriching, inspiring and confidence building*".

Further courses for can be arranged by IPTOP. Requesting countries should consider the following:

1. The programme is delivered in the country/region requesting it.
2. Allow 2 years set up time from IPTOP agreement to proceed. Consider pre/post WCPT/IPTOP conference.
3. ➤ Presentations will be by an international core tutor group with local academic and physiotherapy specialist tutors
4. Educational credits may be pursued locally by the requesting country/region
5. A local "clerk to the course" is required to liaise with the IPTOP course organiser
6. ➤ Advertising is the responsibility of the requesting country
7. Consider joining with another relevant profession (eg OT) to increase numbers, expertise and impact
8. ➤ The language is English in which participants must be fluent in both understanding and speaking (a comprehensive interpretation service to be included in costs might be considered)
9. A steering group (IPTOP course leader, course clerk and representative of joining profession if relevant) agree a course plan with dates, tasks and responsibilities; adapt the course length to meet local needs *although the full course is internationally recommended*; revise the curriculum; select tutors; manage the course.
10. ➤ A telephone conference call with core tutors and steering group will be needed at the early planning stage
11. ➤ Steering group will meet with core tutors preferably AT the facility 3 months prior to the event to finalise programme and participants.
12. The minimum 20/maximum 30 participants are chosen on level of experience, international (work/leisure) experience, active participation, ability to cascade knowledge, ability to influence policy makers and/or teach other physical therapists, and geographical coverage.
13. ➤ The programme should include professional and cultural visits and opening/closing by a "high level" figure
14. ➤ Accommodation should have individual study bedrooms, restaurant, main conference room with full a/v facilities and 6 break out rooms (number dependent on course size), photocopy facilities, recreation facilities.
15. All costs (e.g. ➤ bullets) are born by the requesting country. Costs to participants should cover their accommodation and all meals plus apportioned full conference overheads (i.e. administration, tutor travel/accommodation/meals etc).
16. Grants and bursaries may be sought by the requesting country/region from e.g. professional bodies, government departments, and charities.
17. The requesting country may wish to consider a feedback presentation at next WCPT/IPTOP conference.

3.1.1 Further information from IPTOP Chair, Olwen Finlay, chair@iptop.wcpt.org

Editor---Professor Amanda Squires (UK) (editor@iptop.wcpt.org)

Next edition details Copy date for the next edition is December 2006. The editorial board retains editorial rights. Length for a "feature" article is 1,000 words. We welcome world news (200 words) from member countries, conference information and contributions from the Committee as relevant.

Contributions should be in English language and WORD format with references in Harvard Style and sent by e: mail to the editor