

## Physical therapists rehabilitate and rebuild in disaster zones



British physiotherapist David Young in Haiti with survivors of the earthquake. Picture courtesy CBM

**Victims of the recent natural disasters in Haiti and Chile are gaining mobility and independence as a result of the continuing work of physical therapists. In Haiti, physical therapists from around the world have been supporting local health services to rehabilitate people.**

Shaun Cleaver, a Canadian physiotherapist who has worked as a volunteer in Haiti for three years, says that an already weak health infrastructure in the country was all but destroyed by the earthquake.

"The initial destruction from the earthquake caused significant trauma, but the impacts of this trauma were more severe because of the lack of healthcare," he says. "The results were that thousands of people with fractures were left with more severe disability than would have been the case with solid emergency care."

When the earthquake struck on 12th January, there was very little physiotherapy involvement, partly because the profession was weak. "A month after the event, however, the importance of physiotherapy was recognised and the profession's involvement in the response has been solid and growing. This has resulted in greater integration of physiotherapy in the healthcare and development sectors."

Shaun Cleaver had temporarily returned to Canada at the time of the earthquake, but when he returned 19 days after the disaster, he took up position as Coordinator of Rehabilitation Services Development at the Hôpital Albert Schweitzer (HAS), north of the capital, Port-au-Prince.

"With few options for care in Port-au-Prince, casualties streamed in from the capital to access services from our almost exclusively local staff. Most had

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endured a two-hour trip in the back of a pickup truck. HAS is one of the few facilities in Haiti to have a rehabilitation service, having been developed through the Rehabilitation Technician Training Program, an initiative begun in 2009 to train technicians to work together with David Charles, a Haitian physiotherapist trained in the Dominican Republic. The influx of people was difficult for David and the staff to keep up with so my immediate involvement was to seek out foreign volunteers who could be quickly mobilised and help with management issues. My role evolved to include participation in a working group to establish an emergency rehabilitation response for Haiti and to support an initiative that is now providing prosthetics.”

Shaun has since received a Golden Apple Award from Health Volunteers Overseas, to recognise his contribution to international programmes ([www.hvousing.org](http://www.hvousing.org)).

Partly because of delays in treatment, there will be many thousands of newly disabled people in Haiti. Physical therapists from all over the world have been flying in to help. David Young, a physiotherapist from Poole in England, was given three weeks unpaid leave to go to Port au Prince with disabilities charity CBM ([www.cbmun.org.uk](http://www.cbmun.org.uk)). Arriving four weeks after the earthquake hit, there were many people requiring rehabilitation following initial surgery.

“The majority of cases were orthopaedic trauma - a lot of people with upper and lower limb amputations, some with spinal cord injuries and lots with head injuries and strokes,” he said. David worked with other volunteers and local Haitian medical staff, across three hospitals and in community clinics. Many people had been immobile for weeks following the earthquake.

“The wards were nearly always set up in the tents provided by the various aid agencies working there,” he said.

American physical therapist June Hanks, Associate Professor at the Department of Physical Therapy, University of Tennessee at Chattanooga, is also Director of the Advantage Programme ([www.advantagehaiti.com](http://www.advantagehaiti.com)), which has been providing rehabilitation and prosthetic services in Haiti since 2001. She was in Haiti during the earthquake. Days afterwards, she wrote: “There is so much to do... instructing patients and family members how to manage amputated limbs, walk with a walker or crutches, exercise so people are ready for a prosthesis when the surgical wound heals.”

“There are many crush injuries resulting in broken bones along with open wounds and nerve injuries. Unfortunately, many people have wounds that are difficult to heal and they must go to surgery several times for cleaning and revisions. Rehabilitation services are clearly a part of this process and I feel privileged to be here to help.”

“The hospital where I have been working for the past several days, Hopital Lumiere in Bonne Fin, is basically a mobile hospital unit in a building instead of tents. I worked in this hospital for several years and am sad that the hospital has degraded so severely. Many are hoping to revive the orthopedic service here, but are not yet sure what is best in the long term.”

In Chile, where a major earthquake hit on 27th February, physical therapists have been dealing with the effects of trauma, but also the effects of homelessness. With cold conditions in much of the zone affected by the earthquake and subsequent tsunami, many people living in tents are affected by respiratory problems. Oscar Urrejola, General Secretary of the Colegio de Kinesiologos de Chile, said: “Around 20-30 physical therapists have been

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sent to the disaster zone. We are in communication with the Ministry of Health here, and have told them that the problem isn't just trauma but respiratory. They do understand, and have responded by sending physical therapists out there."

*What can be done to ensure an appropriate physical therapy response in disaster zones? See the article "Disaster management" [www.wcpt.org/node/33714](http://www.wcpt.org/node/33714).*

*Further information about how physical therapists can help in Haiti is available on the WCPT website at [www.wcpt.org/node/32997](http://www.wcpt.org/node/32997).*



## Decade of action for road safety declared by United Nations



An overturned lorry in Ghana. Picture courtesy WHO

**Governments around the world have voted to increase action to address road safety issues, and through the United Nations General Assembly have proclaimed this the Decade of Action for Road Safety. The declaration seeks to save lives by halting the increasing trends in road traffic deaths and injuries worldwide.**

United Nations member states have made a commitment to act in areas such as developing and enforcing legislation on limiting speed, reducing drink-driving, and increasing the use of seatbelts, child restraints and motorcycle helmets. They have also agreed to improve emergency trauma care, upgrade road and vehicle safety standards, promote road safety education and enhance road safety management.

A draft plan for the decade, prepared by World Health Organization with support from members of the UN Road Safety Collaboration, is now available for comment at [www.who.int/roadsafety/Decade\\_of\\_action.pdf](http://www.who.int/roadsafety/Decade_of_action.pdf)

“The initiative is addressing the safety of all road users, including the most vulnerable such as pedestrians, cyclists and motorcyclists,” said WCPT Secretary General Brenda Myers. “In the light of physical therapists’ important work in keeping people healthy through physical activity such as walking and cycling, and the fact that they see many patients following road accidents, this decade will raise many important issues and opportunities for the profession.”

## New education guidelines provide tools for building the profession

**Three new sets of draft guidelines on professional education are about to be sent to WCPT member organisations for feedback. They will play an important role in developing programmes, and supporting the growth of the profession in underserved areas of the world, according to the WCPT Executive Committee, which appraised progress on the guidelines at its meeting in London in March.**

The three documents cover clinical education, faculty qualifications and continuing professional education. Once completed, they will complement the existing guidelines on professional physical therapist entry-level education.

Such guidelines are different from WCPT policy declarations or position statements, emphasised WCPT Secretary General, Brenda Myers. "Our guidelines are tools to help member organisations achieve the objectives set out in policies," she said.

She emphasised how they are part of an effort by WCPT to provide resource materials that will be of particular value in those countries where there is no existing physical therapy education programme or education is in its early stages. The guidelines will provide means by which the profession can be built up according to internationally agreed standards.

"There is a significant shortage of physical therapists globally resulting in poor access to services in many countries," said Marilyn Moffat, WCPT President. "WCPT firmly believes that the key to improving access is by investing in professional entry level physical therapy programmes. With a cadre of qualified physical therapists, a plan for the long-term delivery of physical therapy services in the country can be developed and delivered."

She points to the immense potential for the profession to develop in countries such as China, for example, where there is little sign of a dominant physical therapy organisation, and educational programmes are limited. "These documents will help the profession build from the ground up in such environments. But we hope they will also help prove useful to well-established member organisations which want new tools for progressing further."

## Congress organisers keen to avoid visa issues for delegates

**With WCPT Congress registration opening this June, WCPT is urging those who wish to attend the event in the Netherlands to check their visa requirements, and to start their applications as soon as possible.**

WCPT Secretary General Brenda Myers says: "In 2007, around 50 delegates due to attend the WCPT Congress in Vancouver were unable to make it because their visa requests were turned down. Representatives from Nigeria, Afghanistan, Iran and other countries were affected. We don't want the same thing to happen for the Congress next year."

According to Jerry Gasperz, Operations Director of Congrex, which is organising registration for the Congress, it is rare for conference delegates to be denied access to the Netherlands - unless they are poorly prepared.

Registration for the Congress begins in June. Delegates can find out whether you need a visa or not at the Dutch Ministry of Foreign Affairs website ([www.minbuza.nl/en/Services/Consular\\_Services/Visa](http://www.minbuza.nl/en/Services/Consular_Services/Visa)). If delegates need a visa, then when they register for the Congress they will need to request a letter of invitation. This states the purpose of the delegate's visit, and the terms on which they are being invited. The delegate then needs to take the letter to the Dutch Embassy in their own country, which should then grant a visa.

Congrex is advising that these letters of invitation must be submitted at least three months before the date of the Congress, to allow for slow processing in some countries.

Jerry Gasperz points out that if a visa is denied by an embassy, WCPT cannot be held responsible for any fees the delegate has already paid for accommodation or travel. "So it's important that people check their visa situation as soon as possible," he says.

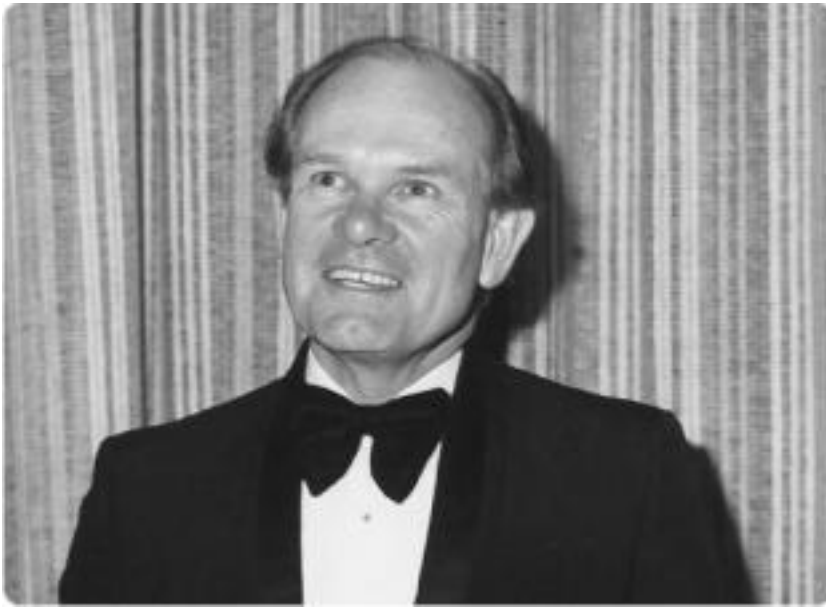
## Workplace issues get a new profile

The Positive Practice Environments Campaign, in which WCPT is a partner, has a new website ([www.ppecampaign.org](http://www.ppecampaign.org)). The campaign aims to raise awareness about the importance of the environment in which health professionals practice, and how it can affect recruitment and retention of staff.

This is especially important in the light of a global health workforce shortage and the deterioration in working conditions worldwide, say the campaign's six core partners, which also include the International Council of Nurses and the World Medical Association.

The campaign's website contains details of how the campaign will try to raise awareness, identify good practice and develop tools for managers and health professionals in the field. It is also carrying out national and local demonstration projects in Morocco, Uganda and Zambia to improve practice environments.

## Physical therapy loses one of its greatest pioneers



Geoffrey Maitland

**One of the great pioneers in manipulative physical therapy, and a giant in the profession, Geoffrey Maitland, died in January 2010.**

He wrote what have become standard texts on vertebral and peripheral manipulation and his guides to musculoskeletal examination and recording have been published in many different languages. He was a key player in the founding of the International Federation of Orthopaedic Manipulative Therapists in 1974, and continued to play an active role in its consolidation and standards until 1982.

He received many awards for his outstanding contributions, including the highest accolade that WCPT can bestow, the Mildred Elson Award for International Leadership, in 1995.

“Geoff was a towering presence on the international stage of physical therapy,” said Marilyn Moffat, WCPT President. “He was known affectionately for his engaging personality and was deeply respected for his special knowledge and skills. He opened the profession’s eyes to the true importance of precise diagnostic methods, detailed anatomical knowledge and the art of precise and graded passive movement to restore joint function.”

“While he recognised these as part of our common professional heritage, his insight and unique approach was revolutionary not the least for promoting, setting and maintaining the highest standards of practice at national and international level.”

A member of the clinical teaching staff of the South Australian School of Physiotherapy for many years, Geoff also taught in Switzerland and formed

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strong relationships with the profession in Europe. The International Maitland Teachers Association was founded in Zurzach, Switzerland in 1992.

“His enthusiasm to share his knowledge and skills through teaching and publication globalised his techniques and made them accessible to physical therapists throughout the world,” said Marilyn Moffat.



## News in brief

### Comments please

Don't forget that you can respond to any article in WCPT News. Just login or register via the links below, and then tell us what you think. How about telling us about any work that you're doing that is relevant to the article? It might be useful information to physical therapists around the world.

### WCPT Secretariat move

The WCPT Secretariat, based in London, is preparing to move to new premises. Full details will be sent to member organisations, regions, subgroups and other organisations as soon as details are finalised.

### New members?

Physical therapy organisations in Argentina, Pakistan and Ukraine have been approved by the Executive Committee as provisional new members of WCPT. They will only become full members on agreement of the General Meeting next year.

## Open access information could change our professional world



Rachael Lowe

**Are physical therapists making the most of the opportunities technology presents for sharing professional information around the globe? British physiotherapist Rachael Lowe has launched an ambitious web-based information-sharing project, and thinks that the future lies in free-access resources, tweeting, mobile phones and online learning.**

Last January, Rachael launched Physiopedia ([www.physio-pedia.com](http://www.physio-pedia.com)), an online encyclopaedia compiled by physical therapists for physical therapists much along the lines of Wikipedia. She describes it as an evidence-based resource that includes clinically relevant information for all aspects of physical therapy practice.

Already it includes several hundred pages of information, although it will take time to build up as more and more physical therapists around the world contribute articles, and make suggestions and edits on existing articles. She has also launched Physiospot ([www.physiospot.com](http://www.physiospot.com)), a website where physical therapists and other health care professionals can easily keep up to date with current affairs related to health care and the physical therapy profession.

Like WCPT, she believes that as much professional and clinical information as possible should be available free of charge and membership constraints to physical therapists around the world.

"The whole idea is to get the profession to have more open resources," she says. "Everyone seems to be working for themselves, or within geographical boundaries, and it's so much better if we could work together globally. The technology available today gives us the opportunity to work together, come to a global understanding of what we do, and promote the profession as a whole."

Rachael, a qualified physiotherapist who has worked as a clinician in the UK and Australia, runs an e-learning company with her husband in Yorkshire, England. She started Physiospot as a means to help her, and other physiotherapists, keep up with continuing professional development opportunities. Then in 2008 she decided to set up a physical therapy version of Wikipedia in her spare time. She worked with an American physical therapist to try and ensure the material was truly international.

“When we launched Physiopedia last year, I was expecting everyone to be excited and for the information to grow wildly. It hasn’t. But in some ways, what has happened is even more exciting: educational institutions in the United States, South Africa and Ireland have got involved. Their students are creating new content and being assessed on it as part of their course. The students love it because it’s an opportunity to use technology to create something lasting that benefits the profession.”

A “wiki”, like Physiopedia, is a collection of web pages that can be collaboratively edited with no specialist tools and little technical know-how. Although all of the content of Physiopedia can be viewed by anyone, those who edit or contribute to Physiopedia need to be qualified or student physical therapists. Editors and writers need to log on to add or change text. Rachael Lowe keeps a close eye on every edit and addition made. But the idea is that the profession itself polices the content for quality.

“It’s going to take a long time to fulfil its potential. I don’t expect it to be a physiotherapy Bible, but a point of reference.”

As a free access source of information, the project is unlikely to ever yield Rachael or anyone else, a profit. She’s aware that some national professional organisations might feel an uneasiness about such open-access resources becoming available, feeling they might challenge the services they offer to their members – often in a members-only part of their website. “But we’re not challenging anyone. We just think it’s a great opportunity for collaboration, and for people in developing countries to have access to the information that people in developed countries do.”

Now Rachael Lowe is looking to set up mentoring programmes, networks and continuing professional development programmes through Physiopedia. “Potentially, the project is massive. But there’s no long-term plan. It’s going where physical therapists want it to go – it’s in their hands.”

She’s also interested in further technology-based projects that might help knowledge-sharing – particularly using social media such as Twitter, Facebook and live blogging. “Their real potential lies in conferences,” says Rachael. “If you have a live blog, for example, it enables people who can’t attend the conference to become involved and follow what’s going on.”

“It doesn’t take much effort to set up. You need a website, and people who will help you with the writing during the conference. Facebook and Twitter also give something extra to people who are attending the conference – they can get short updates, for example. When I was at a conference in the UK recently, I got a tweet from an American who was following me, who asked me to put my hand up and ask a question!”

WCPT is investigating the potential of these kinds of networking ideas for its congress in Amsterdam next year.

*This April Physiopedia is running a World Focus campaign, encouraging*

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*physical therapists from all over the world to contribute one page. This is in an attempt to contribute to the HIFA2015 goal (see [www.wcpt.org/node/33001](http://www.wcpt.org/node/33001)) that every person worldwide will have access to an informed healthcare provider. For more details go to [www.physio-pedia.com](http://www.physio-pedia.com).*

## What happens in disaster zones after media attention fades?



Shaun Cleaver (right) in Haiti.

**The recent natural disasters in Chile, Haiti and now China have demonstrated the importance of vulnerable countries having a good health structure in place, and physical therapists quickly available. As the countries begin to rebuild themselves, WCPT and other organisations and individuals are highly aware that more could be done to ensure that countries are better prepared for earthquakes and other disasters.**

The process of moving from emergency measures to long-term rehabilitation is already beginning in Haiti. June Hanks, Director of the Advantage Programme, which has been providing rehabilitation services in Haiti since 2001, reports that plans are progressing to make artificial arms and legs at the Advantage workshop, training people who can work all over Haiti in one system to make and repair limbs.

“We plan to make the limbs in Haiti rather than try to modify a limb made for someone else and forcing it to fit a uniquely shaped limb,” she says.

Shaun Cleaver, a Canadian physiotherapist who is now Coordinator of Rehabilitation Services Development at the Hôpital Albert Schweitzer, says the earthquake has exposed glaring gaps in the country’s rehabilitation infrastructure.

“There were maybe a dozen physiotherapists in this country of nine million before 12th January. Only half of them had jobs. The current initiatives, that have infused energy and financial resources into physiotherapy, need human resources that we don’t have. There is currently a move to train rehabilitation professionals, but many of these will not yield products for another four to five

years. We are asking the question: when the earthquake funds run dry and the media attention has evaporated, will there still be physiotherapy services and jobs?"

There needs to be, he says, a long-term international effort to help Haiti build lasting solutions – infrastructure, capacity and leadership. "We need to create rehabilitation services that are consistent with the realities of the country. High-cost and professionally driven solutions will not be sustainable here, if the desire of the profession is to meet the needs of the people, it must realise that this includes services in rural areas where the optimal providers will not be highly educated or highly remunerated. The creation of a physiotherapy association that works towards serving the people of this country would certainly help."

WCPT is aware that physical therapy is not always first in the minds of politicians and aid agencies when it comes to preparing for, or responding to, disasters. It is gathering materials on disaster management and a section of its website will provide resources and information on disaster management for physical therapists.

Brenda Myers, WCPT Secretary General, says the issue will be discussed further at WCPT's North America Caribbean Region conference this month (April) – Haiti lies within the region and neighbouring countries have been very engaged in providing support. "Already WCPT has posted information on its website from international organisations who are seeking physical therapists to work in disaster zones, as well as links to resource material. We now want to actively expand online resources about physical therapists and disaster management - to help spread expertise, and to raise awareness of the profession's potential contribution. We'd like member organisations to contact us if they have material they feel could be included on the website, or if they know of people with expertise in this area."

The new WCPT disaster management policy will cover natural, technological and pandemic disasters. It will set out the place of physical therapy, the need for coordinated approaches, the role of national physical therapy organisations, the need for long-term planning as well as immediate relief, and the demands on physical therapists entering disaster zones.

## Why physical therapists need to go beyond the science and into ethics



Esther Munalula Nkandu, pictured while giving a presentation at the WCPT Congress in Vancouver

**Should physical therapists be more aware of the ethical issues that surround the care of their patients? Esther Munalula Nkandu, Chair of WCPT's Africa Region, believes so, having studied for an innovative Masters degree in bioethics held across three European universities.**

During the nine-month programme, Esther Munalula Nkandu has been surprised at the different viewpoints on ethical issues that have emerged between different professions and cultures – in areas as diverse as palliative care, research, right to die, disability and quality of life.

Physical therapists, she believes, should come forward more to express their views on such issues, because of their unique professional viewpoint and their close working relationship with people with disabilities and their families. Their knowledge of how quality of life can be achieved in very difficult circumstances can provide a very different perspective from that of most other clinicians and scientists.

“It came as quite a surprise to me, for example,” she says, “that others on the course saw palliative care as about end of life, whereas physical therapists – in Africa at least – see it as about quality of life, including end of life.”

“In Zambia, we start palliative care when a disease starts to disable someone – when, for example, they can't be accommodated by a hospital any more, but their condition needs to be managed and they need to be made comfortable over a long period. But in the Netherlands, for example, the understanding is that it's about death and dying. Maybe this is because in some countries there's more emphasis on right to die and duty to relieve

unbearable suffering.”

The international Masters degree is a collaboration between the University of Leuven in Belgium, the University of Nijmegen in the Netherlands and the University of Padova in Italy, with each university presenting programme participants with a different aspect of ethical theory. Esther, who is Chair of the Ethics Board at the University of Zambia, is studying with doctors, philosophers and scientists.

“I wanted to look at some of the issues behind research and practice,” she says. “It’s been an education to see different perspectives on different bioethical issues, from assisted suicide to consent, and how professionals’ views about what is morally right is so dependent on the culture they come from.”

“Advances in science are raising all sorts of questions, and our investigations showed, for example, that there is a push for more abortions as parents become aware of a child’s disabilities at an earlier and earlier stage. The problem is that disability is being defined by those who are not disabled – mainly philosophers, doctors and other health staff – so how can they define what is a good life? They are driving the treatment decisions, and to me, there are lots of red lights that start flashing. I think physical therapists need to be sensitised to these issues, and communicate what they can do to improve quality of life when people have a severe illness or disability.”

This is particularly important, she says, with so much international discussion about people’s “right to die” when affected with life-limiting illness or severe disability.

“We need to be aware of the climate in which we’re working,” she says. “If other professions are beginning to dictate on these issues, it is important that physical therapists make the most of any opportunity they have to assert their professional values, and their role in rehabilitation.”

Esther is writing her thesis on some of the issues surrounding regulations governing research, in particular the rules about the use of human tissues in research collected from developing countries.. Such issues are again important for physical therapists because the information gleaned from such samples affect how much is known about patients, and patients’ sense of power or powerlessness within health systems.

“The Masters programme has been a great experience and I’ve been on a wonderful learning curve,” she says. “As physical therapists, we often focus on the science but we aren’t so sensitive to the ethics surrounding it, and this has given me the opportunity to see our work in a much deeper light.”

## Do you know of someone who deserves a WCPT Award?



Professor Seyi Ladele Amosun receiving his International Service Award in 2007 from the then WCPT President, Sandra Mercer Moore.

**Who do you know whose contribution to the profession deserves international recognition? Has someone in your country made an impact on global health, or led the profession forward – in practice, education, research, policy or leadership? WCPT is seeking nominations for its awards, and wants to hear from you.**

Winners will be following in the footsteps of some of the great names in physical therapy. At the last awards, four years ago, Jules Rothstein, the influential editor of *Physical Therapy Journal* and outspoken advocate of evidence-based practice, was awarded WCPT's highest honour posthumously.

International service awards were also presented in 2007 to influential figures in physical therapy in South Africa, the UK, the United States, Chile, New Zealand and Japan. A humanitarian award went to Italian physiotherapist Alberto Cairo who has helped people recover from the effects of war in Afghanistan since 1989, with the International Committee of the Red Cross.

All the awards recognise outstanding contributions made by physical therapists to the profession at an international level. The deadline for the next awards, to be presented during WCPT's General Meeting and Congress in Amsterdam, is in July.

What will the Awards Panel be looking for? What impressed them about Seyi Ladele Amosun in 2007 was the contribution he had made towards the development of physical therapy education in Africa. His ideas lay behind the degree programme at the University of Western Cape, which enabled

physiotherapists to upgrade from diploma to degree in one year followed by a one year masters programme. His input into international projects such as a collaborative document on community based rehabilitation by WCPT Africa, was also noted by the Awards Panel. He received an international service award.

Another example is Pedro Mancilla Fritis, who received an international service award for his work on policy. The Awards Panel commended his valuable contribution to improving the indicators of infantile and adult mortality from pneumonia in Chile, creating and managing numerous public health programmes on respiratory health within the Ministry of Health and advising ministries in Colombia, Argentina and Uruguay about implementing respiratory health programmes.

There are five categories of award:

#### Mildred Elson Award

For sustained and continuous leadership over a career, the award honours physical therapists who, like Mildred Elson, have contributed significantly to the development of physical therapy at an international level. It is the highest honour that WCPT can bestow.

#### International Service Award

Awards for international service are to honour individuals who have made a great contribution towards physical therapy internationally or within their region.

#### Humanitarian Service Award

WCPT is seeking to recognise individual physical therapists who have improved people's lives through their exceptional care, compassion, dedication and personal commitment.

#### Leadership in Rehabilitation Award

The purpose of this award is to recognise an individual or group who are not physical therapists and who have made a great contribution to rehabilitation and/or global health.

#### Recognition of Service to WCPT Award

WCPT will recognise individuals who have contributed to WCPT as chairs of regions and subgroups and through membership committees.

Nominations will be accepted from member organisations, regions and subgroups for all of the awards, apart from the Mildred Elson Award, where nominations may only be made by WCPT member organisations, and the Recognition of Service to WCPT Award, where nominations are made by the WCPT Executive Committee.

The closing date for nominations is 31 July 2010. To request a nomination form and for further information please email [info@wcpt.org](mailto:info@wcpt.org)

## Referral system under fire from Australian association

**The Australian Physiotherapy Association has called on the Australian government to change its funding systems so that the country's most highly qualified physiotherapists (Fellows of the Australian College of Physiotherapists) can refer directly to medical specialists.**

"We are concerned that these most highly qualified members of the physiotherapy profession are prevented from making a greater contribution to the health of Australians because of bureaucratic intransigence regarding their scope of practice," said Pat Maher, APA President.

He said the current referral system was "a costly mess that requires patients to repeatedly traipse back to their GP for referrals their physiotherapist is qualified to write. This creates waste in the health system and is a disincentive to patients in addressing their health concerns before they become acute and end up in an overcrowded Emergency Department."

The APA submission to the Australian government, part of a larger response to national health reform proposals, calls for the removal of funding barriers to physiotherapists referring to diagnostic ultrasound, spinal and peripheral x-rays.

The full submission is available at [www.physiotherapy.asn.au](http://www.physiotherapy.asn.au)

## Profession asserts itself in Nepal



Members of the Nepal Physiotherapy Association took to the streets of Kathmandu during World Physical Therapy Day to spread the word about how physiotherapists could help prevent cardiovascular disease.

**The Nepal Physiotherapy Association is reporting major steps forward in the profession since it joined WCPT in 2003. "We have been working to upgrade our profession and lobbying government to create physiotherapy posts," says Kanchan Sangroula, President of the NPA.**

She says that attending WCPT congress at Vancouver in 2007 helped the NPA network with other organisations and find ways of raising the profile of the profession. "In particular, we have been demonstrating how we can prevent cardiovascular diseases and diabetes. At the WCPT Congress and General Meeting in Vancouver we also learned how Nepali physiotherapists could get more involved in community based rehabilitation. There are 75 districts in Nepal, and 55-60 districts still do not have physiotherapy services available."

"Nepal has followed WCPT guidelines for entry-level physiotherapy and Dhulikhel Medical Institute, which had a certificate in physiotherapy of diploma level, has changed it to a Bachelors of Physiotherapy with four years of education."

This February, NPA conducted a one-day free physiotherapy camp at Lamgunj, six hours away from Kathmandu. "We treated 92 different cases and we educated people about the benefits of exercise."

It has also made major inroads on addressing women's health issues. "There are huge women's health problems in Nepal, with problems like prolapsed uterus and urinary incontinence," said Kanchan Sangroula. "So NPA organised first an education programme on these issues for physiotherapists, which was attended by 35 physiotherapists in November, and then a three-day physiotherapy camp for women with these problems, held free of charge this March in Kathmandu."

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Membership of the association has now increased to 220. A national physiotherapy conference will be held in November.

## Physiotherapists crucial in fight against lifestyle diseases, Nigerian official says

**A state governor speaking at the Nigeria Society of Physiotherapy's annual conference and general meeting stressed the important contribution of physiotherapy to a nation's health.**

Babatunde Fashola, Lagos State Governor, said that the mass exodus of people to the cities in Nigeria had made the problems of obesity, diabetes and stress more pronounced. More input was needed from physiotherapists to tackle these problems.

He said that many Nigerians have lifestyles which encouraged them to live sedentary lives – many people no longer exercised or knew what a healthy diet was. He added that one way in which the present administration in Lagos had undertaken to encourage people to have more healthy lifestyles was by ensuring that all newly constructed roads had a pedestrian walkway that kept them separate from traffic.

Aderonke Eko, Chairman of the Lagos State chapter of the Nigerian Society of Physiotherapy, said that physiotherapy practitioners hoped to make an impact on Nigerian culture by changing the culture about exercise and health. He described the Lagos State Governor as a great agent for change in this field.

## Paediatric PTs in Disneyland

**The International Organisation of Physical Therapists in Paediatrics (IOPTP) joined with the American Physical Therapy Association's Section on Pediatrics to organise a conference on "Moving Children Forward through Global Discovery and International Collaboration". The conference was held in January in Walt Disney World, Florida.**

Nearly 500 people attended, coming from 43 American states and nine countries, including Belgium, Bermuda, Canada, Chile, China Republic of Taiwan, Jamaica, Netherlands, Pakistan and Poland.

There were six tracks of programming covering infants, adolescents, school-based services, autism, gait, differential diagnosis, gait analysis, and fitness/sports. The subjects covered included cultural diversity and competency, knowledge translation, strategies for using research evidence to improve practice, and the future of education. Roundtable discussions focused on NICU, early intervention, and education.

"With such great participation and professional interaction, the Section on Pediatrics plans on hosting SoPAC in 2011 with hopes that the IOPTP will again join in collaboration," says Sheree York, IOPTP Secretary.