



## The International Association for Physical Therapists working with Older People

Newsletter 8

June 2005

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 2004; and Dublin 2004. 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. Website [www.iptop.wcpt.org](http://www.iptop.wcpt.org)

### Message from the chairman.

Dear Friends and Colleagues,

I hope every member country has received the request for agenda items for our next general meeting in Australia in November 2005 when we will join the National Neurology and Gerontology Group in their bi-annual conference. This promises to be an exciting experience and full information can be obtained through the web at [www.nngg2005](http://www.nngg2005). The Conference provides another opportunity for us to achieve an IPTOP goal by encouraging scientific research for our members. The major item on the IPTOP agenda at the general meeting will be the WCPT Conference in Vancouver 2007 and how IPTOP can be involved. Already I have received some very positive responses and I look forward to hearing from those who have not as yet replied.

I hope the new arrangements through the WCPT web site is working well for all members. Electronic transfer makes dissemination of IPTOP news more easily available to individuals. Acting as the WCPT sub-group pilot for the launch of the web site has resulted in our Association keeping abreast with world technology. I would wish to thank Amanda Squires (IPTOP) and Rachael Moore (WCPT) for all their hard work in achieving this, as it helps us achieve another goal of our Association "of advancing practice by communication and exchange of information."

Last year I took the opportunity of meeting briefly with the Turkish Association at their National Conference, thus helping fulfil another IPTOP goal by assisting in further development of national groups. We all look forward to hearing from our Executive member on the progress of their Association. The Turkish Association has already started planning their first geriatric conference and the current proposal is that the conference will take place in Izmir in the Western part of Turkey 22-23 September 2006. IPTOP have been invited to join them at this conference. More information from [Turkey@iptop.wcpt.org](mailto:Turkey@iptop.wcpt.org)

From my contact with all the member organisations in IPTOP I am aware of many research programme currently in progress and would urge members to share their information and ideas with others through this newsletter.

Yours Sincerely  
Olwen Finlay MBE

[chair@iptop.wcpt.org](mailto:chair@iptop.wcpt.org)

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## *Main Feature---Turkey*

Turkey is a member of the European Union with a 68 million population of mostly young people, only 9.7 % are 65 years and over (2005) estimated to rise to 18.7 % in 2050. The average life expectancy in Turkey was 71.5 years for women, and 66.9 years for men in 2000 estimated to rise to 73.8 years for women, 69 years for men in 2010. On the basis of these predictions, geriatric health care would seem to be an important issue in the near future in Turkey.

Turkey has three different social security organizations providing general health care. Two of them are financed by taxes (Government Employees Retirement Fund, Social Insurance Organization) and one of them (Social Insurance Agency of Merchants) is a required monthly payment. Only the GERF can pay for geriatric care / treatment in nursing homes. There are also some private insurance companies working for health care, but not yet for geriatric care.

Laws related to older people are associated with the laws for disabled people and children needing care established in 1982. The law states that older people needing social or economic support will be subsidized by the government or by some government institutions or organizations.

Nursing homes: There are 63 government nursing homes for 6276 older people, 33% of whom have medical treatment and 67 % have basic services. There are a further 23 municipal homes, 7 other government linked organizations, 23 belong to civil organizations and foundations, and 87 private nursing homes provide for 4605 elder people.

Admission criteria to nursing homes is for older people who have no economic or social support, require no long-term intensive medical care and treatment, are capable of performing activities of daily living and self-care and have no mental illness or Alzheimer Disease. The assessment performed by physicians is based on general evaluation of the physical, mental and functional state of the applicants. There is no national standardized aged care assessment and preadmission assessment by a physiotherapist is not mandatory

Home help services/ Service Flats: There is no government organization or service for the elderly citizens or elder people who prefer to remain at home who require geriatric care or medical treatment / rehabilitation. Very few private non-standardized organizations or clinics provide some part of personal and medical care.

Day Care Centers: There are 5 municipal day care centers for rehabilitation, basic medical care, recreational and social activities of older people. They also give psychological counseling. People can go there a few times a week or daily with meals provided.

Social Support: elderly citizens of 65 years and over with no salary or family can have a pension and can be treated or cared for in government hospitals, rehabilitation centers or nursing homes without any payment.

National policy---Recently there are some new projects for elder people establishing national policies. Our interest group is involved as chair / vice chair of three working groups ---Elder people and care, Strategy for preventive care and health care, and Ensuring enabling and supportive environments.

The Turkish Physiotherapy Association “Physiotherapist working with Older People Special Interest Group” was established in November 2002 with 25 members. There are now 40 members working in university hospitals, government hospitals, nursing homes, clinics and rehabilitation centers for the elder people. The aims of the Association are:

### **A) Professional:**

1. To be involved in IPTOP and in contact with the other associations and organizations working with older people
2. To get collaboration with similar associations and health-staff working in the geriatric field
3. To provide further education, clinical and community experience and interdisciplinary working for physical therapists in this field
4. To promote or involve national and international research and projects
5. To help guide societies establishing civil organizations for the elderly and give some help and propositions to government or government organizations for establishing and developing new policies for the elderly.
6. To develop special (valid and reliable) assessment tools and to propose using national standardized aged care assessment.
7. To design risk factor intervention programmes
8. To design a model approach to rehabilitation for the elderly.

### **B) Social:**

1. Give information and educate the community about geriatrics and ageing
2. Give stimulation to the public on preventive rehabilitation or exercises within anti-ageing programmes.
3. Give some guidance to community, civil organizations, media, politicians and government for establishing new concepts and organizations for the elderly as well as ageing.

**Prof Filiz CAN, PT, PhD,**

**The General Secretary of the Special Interest Group, The Turkish Physiotherapy Association, Physiotherapist Working with Older People [Turkey@iptop.wcpt.org](mailto:Turkey@iptop.wcpt.org)**

# *World News*

## **Canada.....and Falls Prevention**

Canada, is a huge country, comprised of ten provinces and three territories. Although Healthcare is governed by the Canada Health Act, jurisdiction and funding falls to each province and territory and initiatives and funding priorities can vary vastly throughout the country.

Similarly, the Canadian Physiotherapy Association is a National body providing leadership to the profession. It has provincial components which deal with the varying issues of the day among their members, usually determined by the provincial government direction. The National Divisional Executive of the Seniors' Health Division of the Canadian Physiotherapy Association has the complex task of responding to the needs of members across this vast country.

As a Division, we have been keeping pace with what is a distinctive change in Canada's approach to health in general , as well as health for our seniors. We have changed our name in recent years to Seniors' Health from Gerontological Division, recognizing the need to incorporate health promotion along with illness treatment strategies. Similarly, our newsletter was renamed "Age in Motion" to reflect that similar philosophy and value. Our Mission is to provide innovation and leadership by promoting physiotherapy for the older adult in Canada. We do this by fostering collaboration among healthcare professionals, seniors, families, and communities to achieve healthy ageing.

A range of initiatives we have supported demonstrate the shift in focus for physiotherapists involved with older adults from typical acute care, hospital based treatments to prevention strategies in Long Term Care Facilities, and further into the Communities among seniors and their families. Professional and Educational support is needed to support and prepare our members and physiotherapy support workers during this transition. As always, a collaborative team approach, along with basic knowledge of health issues in aging is at the heart and will ensure success.

### **Falls Prevention**

One in three adults over the age of 65 falls at least once each year, and more than half of those who fall will fall more than once. Falls are the leading cause of injuries and injury-related hospitalizations for seniors. Our work is mainly helping these people recover from fractures that are the result of a fall. Part of that job is educating people about how to avoid further falls by improving their muscle strength and balance, and by making their homes safer. This involves educating hospital staff about the frequency and risk of inpatient falls and how they may be prevented and educating staff, patients, visitors and volunteers about their role in helping to prevent patient falls in the hospital. Since we have started to educate hospital staff about steps they can take to prevent patient falls, our inpatient fall rates have decreased.

A new approach is to get in contact with people who have **not** fallen, to educate them about how to reduce their risk of falls. The Colchester East Hants Falls Prevention Coalition was formed by individuals who work or volunteer with community organizations that are in contact with older adults. The financial support that the government Office of Health Promotion and voluntary organisations provided has given has meant that this has links with other similar projects and enables consistency of message.

As a coalition we have undertaken a variety of activities:

- Presentations to local municipal councils to raise awareness of fall risks in the community, and to spread the message that we are all responsible for reporting falling hazards when we see them, because a community that is safer for seniors is safer for all of us!
- presentations to a number of seniors groups in the community
- Attendance at community health fairs and seniors health fairs

Our own newsletter editor, Michelle Gould, has been recently credited by Nova Scotia Health Promotion for her work in "Preventing Falls Together", helping to reduce falls in seniors. Michelle piloted a project with grade 4 school students . Students were asked to identify tripping and falling hazards in a diagram called Hazardous House. The students then took the worksheets home to their parents with the ultimate aim of raising awareness in students and spreading the message to home. The pilot will be repeated to assist Nova Scotians of all ages to be more aware of the steps to prevent falls.

Sharon Sheppard, Director, and Michelle Gould, Continuing Care, Cape Breton [Canada@iptop.wcpt.org](mailto:Canada@iptop.wcpt.org).

## ***General Information***

### ***IPTOP webpage*** (please send your comments on this item to Amanda Squires ([editor@iptop.wcpt.org](mailto:editor@iptop.wcpt.org)))

We now have our own webpage within the WCPT website. It can be accessed direct through [www.iptop.wcpt.org](http://www.iptop.wcpt.org) or via the WCPT website [www.wcpt.org](http://www.wcpt.org).

Each officer (eg [chair@iptop.wcpt.org](mailto:chair@iptop.wcpt.org)) and each member organisation representative (eg [germany@iptop.wcpt.org](mailto: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 webpage has 5 sections:

- contact details
- about IPTOP (our leaflet)
- Newsletters---current and past
- Meeting notes
- Conferences

Please encourage members to visit the IPTOP *and* WCPT websites

### ***Resource base*** (please send your comments on this item to Martin van Gennep ([netherlands@iptop.wcpt.org](mailto:netherlands@iptop.wcpt.org)))

One of the advantages of the IPTOP is the opportunity to share knowledge. One way this objective can be realized is by linking interesting internet sites for members to our website. If you know of some of these sites please send the complete internet address and a short description to Martin.

### ***Staffing Levels and other issues in residential and nursing homes*** (please send your comments on this item to Annette Brown ([australia@iptop.wcpt.org](mailto:australia@iptop.wcpt.org)))

One of the initial projects undertaken by IPTOP in response to a member's request is the collation of information about physiotherapy staffing levels in aged care. This project was first discussed during the Barcelona AGM in 2003 and a request for information from member countries was made at that time and again in subsequent IPTOP newsletters. To date information has been received from Sri Lanka, the UK and Australia. I would ask remaining member countries to contribute to this project by answering the following questions by email to [australia@iptop.wcpt.org](mailto:australia@iptop.wcpt.org) for compilation for a report at the Melbourne conference which will be published in a subsequent newsletter:-

- What role does physiotherapy have in long term care aged care facilities in your countries? Please include a definition of the type of overall care provided in the facility as well.
- What are the current staffing levels for physiotherapists and aides/assistants?

Prof Annette Brown, Vice Chair, IPTOP ([australia@iptop.wcpt.org](mailto:australia@iptop.wcpt.org))

### ***Treasurers Report---Nancy Prickett***

Revenue received from the joint IPTOP-Irish Physiotherapy Association and AGILE meeting held in May 2004 was just over \$3,500. Expenses n the year to date include payment for our IPTOP web site with WCPT. IPTOP member countries should look for annual subscription statements arriving in the mail.

Nancy Prickett, Treasurer  
[treasurer@iptop.wcpt.org](mailto:treasurer@iptop.wcpt.org)

## **Conferences** (contributions to [editor@iptop.wcpt.org](mailto:editor@iptop.wcpt.org))

### **IPTOP in Melbourne, Australia from Thursday 17<sup>th</sup> to Saturday 19<sup>th</sup> November 2005, REGISTRATION NOW OPEN.**

IPTOP's 2<sup>nd</sup> conference will be held in Melbourne, Australia in association with the Joint Conference of the National Neurology and Gerontology Groups of the Australian Physiotherapy Association and will provide an opportunity to showcase the latest in research, equipment, resources and provision of rehabilitation services. The conference is expected to attract 500 delegates from a wide range of clinical practices and settings. This will ensure the promotion of multidisciplinary and interactive approaches to key areas of clinical practice and research.

Dates: Thursday 17<sup>th</sup> November – Saturday 19<sup>th</sup> November 2005, with site visits and social program activities scheduled on Wednesday November 16<sup>th</sup> and Sunday November 20<sup>th</sup>. (Details on the Registration Form). IPTOP events include a combined IPTOP and National Gerontology Group dinner on Thursday evening, IPTOP General Meeting on Thursday lunchtime and an International Prospectives paper session on Friday afternoon.

All details, including the Conference program, are available on the conference website at [www.nngg2005.com.au](http://www.nngg2005.com.au). Registration is now open on the website. IPTOP members should register at the NNG/NGG member rate of AUD490 before 17.08.05 or AUD650 after 17.08.05

**Key dates:** Early Bird registration closes 23 August 2005

**Conference hotel:** Crown Promenade [www.crownpromenade.com.au](http://www.crownpromenade.com.au)

**Travel/tourist information websites:** [www.australia.com](http://www.australia.com), [www.atn.com.au](http://www.atn.com.au)

### **IPTOP 2006**

The Turkey Geriatric Association has extended an invitation for IPTOP to join the National Congress in Izmir (Western Turkey), September 22- 23 rd September 2006. The details of the program have as yet to be finalized and will be published in the December Newsletter, however we would ask all members to put this date in their dairy.

### **WCPT Canada, 2007---June 1-7 [www.wcpt.org](http://www.wcpt.org) or [www.physiotherapy.ca](http://www.physiotherapy.ca)**

IPTOP involvement will be discussed at the general meeting in Melbourne so please come with ideas or send these to Olwen so they can be placed on the agenda. This conference gives IIPTOP the opportunity to participate fully at world level.

The conference may be preceded by an IPTOP run course dependent on demand (see below for outline--- “CPD and education”)

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

### **IPTOP conferences – links to Member Organisation Conferences**

IPTOP as an International organisation of Physical Therapists working with Older People encourages collaboration between its member organisation. 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 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.

**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.

**Financial issues:** negotiate a pro rata organisation fee to IPTOP eg % 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.

## 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:

- 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.

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:

- The programme is delivered in the country/region requesting it.
- Allow 2 years set up time from IPTOP agreement to proceed. Consider pre/post WCPT/IPTOP conference.
- Presentations will be by an international core tutor group with local academic and physiotherapy specialist tutors
- Educational credits may be pursued locally by the requesting country/region
- A local "clerk to the course" is required to liaise with the IPTOP course organiser
- Advertising is the responsibility of the requesting country
- Consider joining with another relevant profession (eg OT) to increase numbers, expertise and impact
- 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)
- 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.
- A telephone conference call with core tutors and steering group will be needed at the early planning stage
- Steering group will meet with core tutors preferably AT the facility 3 months prior to the event to finalise programme and participants.
- 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.
- The programme should include professional and cultural visits and opening/closing by a "high level" figure
- 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.
- All costs (eg ➢bullets) are born by the requesting country. Costs to participants should cover their accommodation and all meals plus apportioned full conference overheads (ie administration, tutor travel/accommodation/meals etc).
- Grants and bursaries may be sought by the requesting country/region from eg professional bodies, government departments, charities.
- The requesting country may wish to consider a feedback presentation at next WCPT/IPTOP conference.

**Further information from IPTOP Chair, Olwen Finlay, [chair@iptop.wcpt.org](mailto:chair@iptop.wcpt.org)**

**Editor**---Professor Amanda Squires (UK) ([editor@iptop.wcpt.org](mailto:editor@iptop.wcpt.org))

**Next edition details** Copy date for the next edition is December 2005. 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