



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

**Newsletter 7**

**December 2004**

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 @ 7,500 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 Colleague,  
 The feedback received from the Dublin Conference indicated it was an unqualified success and our thanks go to the Irish Association and Agile Northern Ireland for their input. This first venture of collaboration with national groups to enable delegates to meet more locally was very much a “learning process”. We have now produced guidance in discussion with WCPT to assist member countries considering inviting IPTOP to join their annual event (p5).

During a personal visit to Iceland in June I had an opportunity to meet with The Icelandic Association of Physical Therapists working with Older People and see first hand, physiotherapy & hydrotherapy departments and nursing homes. This is an extraordinary land of volcanoes, glaciers, waterfalls, geysers, plunging cliff faces and a sea of purple lupins swaying in the June sunshine. I returned home with amazing memories of a very special experience, having seen an enchanting and beautiful land, however it is the warmth of the people that is most memorable.

The Turkish Physiotherapy Association held their national conference in October at Kemer where I presented a paper and organised a workshop. After the conference I attended the Special Group Meeting when a proposal to develop the Turkish elderly special interest group on a regional basis took place.

Also in October, Brenda Myers, WCPT General Secretary, was awarded an Honorary Fellowship of the Chartered Society of Physiotherapy at their annual congress in the UK. We are delighted with this recognition of Brenda’s international work, not least of which has been supporting the founding of IPTOP.

I am delighted to launch our own Webpage via this Newsletter (P4).

As news of the disaster in Asia reaches us our thoughts go out to our member countries, colleagues, older people and their families affected.

Yours Sincerely  
 Olwen Finlay MBE [chair@iptop.wcpt.org](mailto:chair@iptop.wcpt.org)



**Contents**

Chairman’s message	
P1	
Main feature---Germany	P2
World Update	P3
General Information:	P4
---IPTOP web page	P4
---Resource Base	P4
---Staffing levels in residential Homes	P4
---Continuing Professional Development	P4
---Conferences	P5
CPD and Education	P6

## *Main Feature---Germany*

To write anything about physiotherapy in geriatrics in Germany is extremely difficult for various reasons. Firstly there is not a central or national organization or authority taking care of older people. There is instead an authority in every city or county responsible for the number of places in hospital or nursing homes and physiotherapy capacity in that area.

The form of organization and the kind of bodies that run institutions is very complex. For example, a private person could run a nursing home or hospital; individual physiotherapists are looking for their own clients or opening private practices; public organization like the Red Cross, different churches or the state are running hospitals. Insurance companies may run their own institution. There is only the state authority looking after whether or not there are sufficient places.

We do not have one physiotherapy organization which can give us figures and statistics, but 4 different associations and very many physiotherapists are not members at all (especially those self employed). Out of the physiotherapy associations the Zentralverb and Krankengymnasti is the largest.

This why we cannot, like the countries with mainly centralized organization, introduce a complete geriatric programme. The insurance companies are interested in integrated programs to avoid hospitalization and try to organize home visits and home care as much as possible. It is not unusual for hospitals to send dependent patients home and offer homecare which has to some extent to be paid privately. This has increased a lot in the last few years.

Despite these obstacles, the ZVK-Group for Geriatrics is trying to make progress. The group is small in numbers (9), has much to do, and wants to do much more. We are working in a number different areas, for example:

- From January 2005, Diagnostic Related Groups ( DRG `s---funding categories) are obligatory in all hospitals and there is a special category for geriatric rehabilitation. This requires a doctor responsible with a specialization in geriatric medicine, active nursing care and an exactly defined amount of therapy (30 minutes documented physiotherapeutic work 5 times a week). We are working on how we can guarantee that amount of therapy with the personnel available and how a stipulated time can meet different needs.
- The subject of geriatrics does not yet exist in physiotherapy schools and without a curriculum, the subject is difficult and teaching variable. We are working on a curriculum-- which takes a lot of time which international colleagues who have gone through this will know !

We are also organizing post graduate courses for members such as falls prevention; incontinence training and pelvic floor; training for strength, balance and fitness; how to advertise services and how to look for clients. Some members are working with people with dementia, playing an active roll in the Alzheimer-association. There is a big interest in asking physiotherapists for help in homecare and to train helpers in the home. Some are also collecting experience with music-therapy with dementia clients and how to integrate that into hospital and nursing home every-day-work more specifically.

As readers will see, we have much to do and a small resource to use, and we hope through IPTOP to use the experiences of international colleagues

Christiane Roehling, ([germany@iptop.wcpt.org](mailto:germany@iptop.wcpt.org))

# *World Update*

**Switzerland** (Please respond on this item to Catherine De Capitani: ([Sswitzerland@iptop.wcpt.org](mailto:Sswitzerland@iptop.wcpt.org)))

## **Quality circles in physiotherapy**

In Switzerland, the costs for physiotherapy are covered by health insurance, provided it is prescribed by a physician. Basic health insurance is obligatory for all residents. This puts our profession in a privileged position.

The costs for health care and health insurance are rising rapidly. It is increasingly necessary for physiotherapists to document their work and to practice quality management. One of the available instruments to promote quality assurance is the "quality circle".

## **Goal**

The goal of a quality circle is to analyse a situation encountered in daily practice and to develop methods of improvement. The subject can be exclusively physiotherapeutic, or it can encompass questions arising from organisational or communication difficulties.

## **Structure and Organisation**

Five to ten participants with similar interests join together for an open exchange of experiences. These groups can be organised by special interest groups or by geographical area. It is also possible for an interdisciplinary group to join together to discuss a common subject matter. The peer groups meet regularly, usually every one to two months, for approximately two hours. In the circles, the participants have the opportunity to reflect on their daily practice. The ensuing discussions take place in an atmosphere of openness and trust. The discussion theme, relevant to their practice, is selected by the group itself. The possibilities include structure, process, indication and outcome quality. The groups are organised and guided by a facilitator.

The tutoring for the facilitators is organised by the Swiss Physiotherapy Association. Initially this was achieved with the help of the Association of Family Physicians, who had been meeting in quality circles for several years. At the present time, the Swiss Physiotherapy Association is acquiring their own tutors in order to educate further facilitators among their members. The goal is to have quality circles throughout Switzerland.

## **Guidelines**

The groups ideally develop guidelines for their practice, supporting their ideas with evidence acquired by studying literature from different sources. The guidelines are then put into practice. Following an agreed period of implementation, the results are evaluated within the group. The participants then decide if there is a need to continue with this subject or to choose a new theme.

## **Quality circles in geriatric physiotherapy**

In the fall of 2004, two quality circles of physiotherapists working in the geriatric field were initiated. The first will deal with problems encountered in the extended care setting, and the second, more generally, within the region of Basel. Experience in other countries has shown that the value of such continuous education, structured peer review groups, is a worthwhile and efficacious method to bring about change and quality improvement in medical care.

Please send your contributions for this page to Sigrun Johannsdottir [editorial@iptop.wcpt.org](mailto:editorial@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. There are 2 reasons for this, firstly to avoid having personal e-mail addresses publicly available, and secondly to reduce the work of the webmaster when names change. There is a £30 fee to change upto 30 e-mail addresses at one time, therefore this will only be done on a quarterly basis, with the departing officer/member representative responsible for forwarding any mail to his/her successor.

Our webpage has 5 sections:

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

We can have extra pages in the future ---at extra cost

The cost of the webpage is £450 set up with £150 annual maintenance with quarterly updating (1<sup>st</sup> April/ July/ October/ January) of site for additions/deletions/archiving. All files (eg minutes) put on the site will be cleaned to ensure personal names are removed for protection of individuals. Advertisers should be directed to the WCPT site. We can ask for relevant ones to be copied from the WCPT site to our "events" page.

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?

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

The National Gerontology Group and the National Neurology Group of the Australian Physiotherapy Association. have extended an invitation to IPTOP to combine its 2005 meeting with the biennial conference of these groups. Wednesday will be a pre conference workshop, IPTOP executive meeting on Thursday, IPTOP general meeting on Saturday and social events on Sunday.

**Theme:** Ageing Australia---Embracing change, promoting independence.

Topics will include:

- treatment of chronic musculoskeletal and cardiac conditions
- dementia management
- physiotherapy in palliative care
- aquatic physiotherapy
- physiotherapy service delivery across the continuum
- falls, balance and vestibular disturbance
- management of chronic neurological disorders
- evidence based practice and outcome measures
- clinical education

**Enquiries** can be forwarded to Melanie Farlie, Conference Coordinator at [mfarlie@iprimus.com.au](mailto:mfarlie@iprimus.com.au)

**Conference website:** [www.nngg2005.com.au](http://www.nngg2005.com.au)

**Key dates:** Deadline for abstracts 27 April. 2005

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

### **WCPT Canada, 2007---June 1-7**

[www.wcpt.org](http://www.wcpt.org) or [www.physiotherapy.ca](http://www.physiotherapy.ca)

#### **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.

Contact Olwen Finlay ( [chair@iptop.wcpt.org](mailto:chair@iptop.wcpt.org)) for more information.

## 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 June 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