

Paediatric networking sessions at World Physical Therapy 2011, Amsterdam, Holland, June 2011

Networking Session: Promoting Physical Activity in Children/Tackling Obesity

Facilitator: Eilin Ekeland

Country represented round the Table:

Iceland, Taiwan, Sweden, Romania, US, Canada, Australia, Argentina, Norway

The participants presented themselves and described how they were involved or not involved in this topic in their own country.

Themes touched:

Sedentary lifestyle and obesity is a World wide Problem. It is more dangerous to be normal weight and inactive than a bit overweight and active.

In many countries most PT works in the hospitals, not in the Community service. Therefore many interventions are in Hospitals. Some places there was obesity treatment where the child stayed for 3weeks with follow up in the community.

Early intervention above 5 years old: focus on how to maintain weight while growing taller. Hospital based.

Do not forget children with developmental delay. They have obesity more often than other children.

Some work with children with nutrition problems and underweight.

Promoting PA is a better focus than focus on nutrition. School Health Services has a role in promoting Physical Activity. Most countries have small or no PT recourses in School Health Services and in small communities.

It is easier to work with the small children than teenagers. Work through parents is important. They do not feel they do anything wrong when for instance give chocolate as reward.

Ideas for interventions:

Have the children in groups.

Use music as motivator.

Boxing game in Children with Down Syndrome.

Walking buses: Organize walk to school with one parent as "guide".

Make the School yard a place that stimulate activity for everebody.

Health Service or Sport? Sport reaches those who are motivated. Children with disability are excluded. Focus on participation vs. competition

Networking Session: Practice Settings

Facilitator: Sheree York

Each participant described the most common practice settings in their country, challenges, resources to share or resources/information requested.

Summary of Description of Practice

South Africa: private practice and NICU

Australia: NICU (developmentally sensitive care) and follow-up, acute care, private practice

Holland: private practice and schools, NICU follow-up

Switzerland: private practice and schools, Early Intervention to monitor infants at risk

Denmark: private practice

Iceland: rural, state diagnostic clinics

Nigeria: hospitals and outpatient services, mainly serving children with CP

Taiwan: university and hospital NICU and pediatrics units

United Kingdom: hospitals, community services, schools

Brazil: universities, outpatient services, emphasis on prevention, home consults at 3m-2y-5y

Norway: hospitals, NICU to 16 years

Turkey: universities, private clinics, ICU

US: schools for 3-21 year olds, hospitals: multiple focus and units, rehab centers, early intervention in homes, day cares for birth to 3 year olds, private practices, PT educational programs

Resources offered to share/practices described:

Australia: follow up for 32 wks, <1500 gm, team with developmental pediatrician, PT, and psychologist: see at 4, 12 m and 3 and 5 yrs, want to add 8 mo. Use NSMDA, LAPS, WIP-SI, and Bayley

Have info on Cystic Fibrosis

Denmark: M-ABC in follow up, nursing visits 2 times per month in homes

Holland: plagiocephaly research and guidelines: Leo van Vlimerran, RCT with helmets and PT positioning, developmental guideline, information on DCD and CP

GIN: Guidelines International has some practice guidelines

APTA Section on Pediatrics (US): fact sheets available to non-members at www.pediatricapta.org

Also has partner member category: eligible as non-US PT with lower member rates and access to resources including electronic version of Pediatric Physical Therapy journal, website, listserv, newsletter, reduced rates for continuing education courses, Section on Pediatrics Annual Conference August 31-Sept 2 in Anaheim, CA and Orlando, FL in Oct 2012

Resources requested:

Link resources from various countries on IOPTP website

Student exchanges and collaborative projects

Translations of journal abstracts

Fact sheets for families

Use PPT journal for information exchange

Workshops/conferences in regions: US, Europe, Australia

Satellite conferences to various sites

Share links and resources re: technology

Other ideas:

Video on fidgety movements for dx delay/disorders early

Pressure maps for movement

Research topics for the IOPTP

Facilitator: Ria Nijhuis

The Group discussed the challenges in research and a lot of possibilities were mentioned.

Members from USA, Denmark, Norway, Ireland, Netherlands, and Canada initiated the discussion and others joined in as well.

The following ideas were discussed and recommended:

1. Taking the pediatric physical therapy journal as IOPTP journal was judged as an opportunity and excellent idea
2. Discussed how the membership should be arranged ? not sure what this means
3. Exchanging students and seeking funding to support these experiences
4. Posting as list of institutes, hospitals or other practices where foreign students can work for a short period
5. Formulating research questions and having students work together to address these in their own country while communicating with others by Internet
6. Publishing congresses and symposia on the IOPTP site
7. Publishing summer schools on the site
8. Searching for international funds and posting the contact information on the IOPTP site
9. Sessions on research topics at the International congress in between the WCPT congresses.
10. Formulating research priorities that can be approached from an international perspective
11. Publishing guidelines on PPT (may be we can use GIN = Guidelines International)
12. Starting a project to publish translated valid and reliable questionnaires (or measurement instruments) on the IOPTP site. (like for instance the MFM group is doing). There was a discussion if this can be done easily because it is really important to do this in a reliable way however this can be controlled
13. Identify speakers who present interesting research projects so that they could be a resource to other conferences or groups

Evaluation and Treatment of Children with Different Diagnoses

Facilitator: Barbara Connolly

We had people from Australia, Iceland, Ireland, Korea, Netherlands, Norway, Suriname, Switzerland, Taiwan, Turkey, UK, and US in the 2 discussion groups.

Several topics were of great interest to the groups. The topics were:

- Distribution of guidelines that have been developed by different countries that address evaluation and treatment of children with different diagnoses

Currently several countries have guidelines that have been developed for use by paediatric physical therapists:

Australia – National Guidelines for Cystic Fibrosis

Netherlands - National Guidelines for CP; National Guidelines for DCD

However, these guidelines are for use by multiprofessionals and not specific to PT

US - Guide to Physical Therapist Practice which include sections related to developmental delays, neuromotor disorders, cardiopulmonary disorder; Section on Pediatrics has guidelines for evaluation and treatment of children with spastic diplegia

- Distribution of fact sheets that would be used as educational tools for parents and other health professionals

Currently several countries have fact sheets that have been developed for use by consumers and other health professionals:

Australia - Fact sheet on cystic fibrosis

Switzerland – Fact sheet on torticollis, incontinence, adiposity

US - variety of diagnoses; currently developing fact sheet on autism

The group had several questions about how these guidelines and fact sheets might be used. The concerns and possible solutions were voiced were :

- How to access the information
We discussed having links on the IOPTP web site that would allow our members to go directly to the source
- What to do if there is a charge for the material

We discussed that the individual therapist would have to make a decision whether or not they wished to “purchase” the material. The IOPTP would not allow free access if the posting site has a charge.

The group stated that information such as in what language(s) the materials were available; when the materials were developed; and if references were included would be important in helping the individual therapist decide if the material would be helpful

- How the guidelines might be used

The group discussed issues related to current use of guidelines in countries that have national guidelines. Those countries with guidelines stated that not all therapists are mandated to use the guidelines and that this is frustrating. Other countries stated that guidelines are starting to be used in reimbursement policies.

However, we decided that how the guidelines would be used would be up to the individual countries.

Basic Competencies in Paediatric professional education

Facilitator: Esther Du Rue

We had people from Taiwan, Switzerland, Norway, Holland, Ukraine and New Zealand in the group. Two members had worked in non member countries (Nepal and Spain) One participant was a student, the other just graduated and frustrated at not knowing how to go about becoming a PPTer and the problems of not getting a job in paediatrics without some education and not being allowed on the paediatric course list until she had a job.

It became clear that:

- not every country has paediatrics in their basic undergraduate courses.
- some have a lot, NZ for example has intergrated it into every subject giving students the idea that they had had nothing about paed's at all when they were finished!
- Some countries have little to nothing in their undergraduate time.
- Some have a few hours or a a number or a few weeks.

The english" model of doing clinical placements in EVERY area including paediatrics before graduating is not common practice in a lot of countries.

We agreed upon the fact the PPT needs to have been educated about:

1. child development (motor learning, evaluating family and environment etc)
2. (child) psychology
3. gross motor AND fine motor development and disorders. In many countries physio's do both.

4. teaching skills, communications skills and social skills
5. learning how to work in a team
6. knowing or learning how to PLAY
7. hands-on skills
- 8 knowing how to link practice to the evidence
- 9.AND not to under estimate the profession.

Two participants were clear about the fact that we should educate others about the HARM we can do as well.

One felt our profession to be extremely underrated in this respect.

We spoke about the differences in problems faced in the developing countries.

We parted agreeing that we should all keep in touch,
That we should start sharing factsheets, guidelines
Maybe organize a workshop that can be done by a certain instructor and this instructor could travel to all continents to give the same course.

Educate everyone about the possibilities of using physiopedia, GIN etc

Use of technology in paediatrics

Facilitator: Dale Scalise-Smith

The attendees were interested in learning about how to acquire and use new technology in their pediatric practice. Attendees expressed concerns over access to as well as skills in adapting toys/equipment for use by children/adolescents they provide services. One member shared apps, on her "iPhone", and demonstrated how she uses apps to communicate and provide therapeutic programs to their clients. While the attendees appreciated this information several reported that they do not have access to the iPhone and hence are unable to take advantage of the apps. Individuals attending this session requested that IOPTP consider providing programming addressing technology at future conferences or that links to technology and related information be provided via the IOPTP website.