June 2013 – IPTOP Newsletter

The International Association for Physical Therapists working with Older People
A World Confederation of Physical Therapy (WCPT) Subgroup

IPTOP Website www.iptop.wcpt.org

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Message from the President

IPTOP is ever in motion since our last Newsletter and we have much to report. The International Physical Therapy Conference occurred in Boston, Massachusetts April 26-28, 2013 – a jointly coordinated educational and member gathering with the International Organisation of Physical Therapists in Women’s Health (IOPTH) and the International Organisation of Physical Therapists working with Older People (IPTOP). What a success it was. Read on for summaries within this Newsletter.

Our Newsletter Editor, Amanda Squires, retired from her position as IPTOP Newsletter Editor after over ten years of dedicated service, so the Newsletter is in a state of transition as the Executive Board collectively serves as Editors of the current issue and moves to install our new Editor Dr. Marilyn Miller. We will be forming an Editorial Board to assist the new Editor in the bi-annual publication. Marilyn will be assisted by her students, who are quite computer and technology savvy therefore you’ll notice a slightly different look to the Newsletter as we evolve. We hope you’ll provide your input, thoughts and insight on each issue as we want the Newsletter to meet your needs. We are always looking for contributions to the Newsletter – so please assist us in enhancing the publication by submitting news items and clinically oriented articles.

The Country Representatives have been working hard and many attended the Boston conference. Over the past two years, the Executive Board has established closer links with each of our member countries by establishing Skype call communication every three months. These meetings with the Country Representatives have been very productive, enhancing communication and expediting the completion of tasks and projects.

The Boston meeting resulted in some important constitutional changes, as you’ll read in the Secretarial summary of the meeting and confirmed and approved amendments to the Policy Booklet. These will be summarised in a subsequent section of this newsletter. A membership orientation packet is now available on request to assist both new and established representatives, this is available from secretary@iptop.wcpt.org. Additionally, we created the advisory position of Patron to tap into the wisdom of those past leaders and founders of IPTOP in guiding us into the future.

The stainless steel Presidents pendant of our logo was worn for the first time in Boston. It was an honour and delight to meet ThorunnBara Björnsdottir, the artist and designer of IPTOP’s logo. She provides a wonderful description of the creative process considered when designing the pendant (see page 3), and is now engaged in designing the new IPTOP logo.

Our next conference and IPTOP member meeting will be in the Netherlands in the third week of September 2014 (See report by Hans Hobbelen for further detail as save the dates). Contact Hans directly at hhobbelen@iae.nl.

Our website is always changing – new information added to keep our membership on top of events and issues. Visit www.wcpt.org/iptop frequently. IPTOP is in a continual state of evolution and growth. We are looking for your input and participation. There are still many challenges and opportunities ahead. I look forward to interacting with each and every one of you.

In the upcoming 2015 WCPT Congress in Singapore, IPTOP will hold elections for office. All posts are up for election, and though incumbents may be slated for re-election, I encourage each of you to consider running for a post with IPTOP. You will be hearing more from us during the run up to this event, but for now, sit back and enjoy reading about IPTOP’s recent activities and the recent Boston Conference.

Jennifer M. Bottomley, PhD, MS, PT
President, IPTOP (president@iptop.wcpt.org)
IPTOP Logo: Pendant – Design Description & Future Plans

During the Boston Conference in April, we had the opportunity of meeting the designer of the current IPTOP logo – ThorrunBara Björnsdottir from Iceland. She was able to explain her reasoning for the design, stating that actually, she had meant for the triangle to be point down, and the growth of the elderly population signified by a longer bar at the top, a globe in the middle representing the international aspect of IPTOP and a profile of an ageing face is the central element within the globe. You can read her explanation below. As Jennifer mentioned, Thorunn is going to work with the IPTOP Executive to look at a possible redesign of the logo.

Jill McClintock

Photo to left: President’s pendant shown as originally designed by artist and physiotherapist ThorunnBara Björnsdottir

Words can be a trap, especially for an artist. But there is always a reason for what one does, be it hidden or not. Drawing came to us far ahead of writing. As an experienced PT working with demented people I acknowledge the importance of evidence based science but at the same time I want to embrace and highlight the invisible when working with people. When asked about the meaning behind the logo I made some years back I wish to state that the spectators own interpretation is as good as mine as visual reading is always related to time, space and the viewers own experience. It would please me if you give yourself a moment to stop and not only perceive what you are looking at but more importantly that you allow yourself to take it in to understand it in your own way.

In short my own take is that words like any other visual marks can have multiple meanings where no truth is above others. I started out with a desire to remind us that the work of a PT must in my view be based on science and art. In science we have straight lines, perfect circles and follow strict rules. In art we can to anything we fancy and we deem ethical. The elderly population, IPTOP’s clients, is expanding like a triangle upside down. Our beautiful round earth is our collective physical place we call home. The human face is unique although it has its similarities. Every person has similar basic wishes and needs in life. We as PT’s working for and with old people strive towards the goal of preventing, maintaining and rehabilitating physical and mental wellbeing in this population.

Respectfully yours,
ThorunnBara Björnsdottir, PT and an artist

As you can see, ThorunnBara is an incredible visual artist. Please visit her website at www.thorunnbara.is to see more of her ethos and work.

Photo to right: The artist, ThorunnBara Björnsdottir in her studio
Thank You Amanda Squires and......

The membership of IPTOP would like to extend a heartfelt Thanks to Dr Amanda Squires, OBE, PhD, MSc, FCSP Chartered Physiotherapist and founding IPTOP newsletter Editor.

Amanda recently resigned her position as IPTOP Newsletter Editor, a post she’s held since our subgroup – IPTOP - was established in 2003. For ten years she kept this Newsletter going with two issues published each year. Obtaining articles and informational items from our multiple country membership is no easy task. With all of our busy clinical, educational, advocacy, and volunteer responsibilities, in addition to various time zone issues – it is of great credit that Amanda kept us all on track and consistently published the IPTOP newsletter on schedule, give-or-take a day a two...We wish Amanda all the best in her future endeavours and are very grateful for the solid foundation she has built for this publication.

Amanda is a Fellow of the Chartered Society of Physiotherapy and has worked as a clinician, manager, commissioner and academic with a particular expertise in elderly rehabilitation on which she has written extensively, and long term disability, particularly neurological. She has a PhD in Quality Studies and MSc in Health Planning and Financing. She has worked for the UK’s health regulator, the Health Care Commission from 2000 to 2007 and has now returned to clinical domiciliary work in elderly care and long term disability.

IPTOP will be forever grateful to Amanda for the role she has played in establishing the subgroup of IPTOP under WCPT and for creating and nurturing the IPTOP newsletter over the past ten years. We wish her luck in all her future endeavors. Thank you Amanda for your service as IPTOP’s Newsletter Editor for the past decade.

......Congratulations

Amanda was awarded an OBE in the Queen’s Jubilee Birthday Honours List in 2012 for services to physiotherapy and healthcare of older people. She received the award from Prince Charles in February 2013.

Amanda chose to work in elderly care after post qualification rotations in hope of making a difference. At that time facilities were very poor, staffing minimal, caseloads huge and consequently few students gained good, if any, experience in a geriatric specialty. On the assumption that others were facing the same problems, Amanda, along with a colleague put a letter in the journal inviting those interested in geriatrics to a meeting which culminated in the founding of the precursor of AGILE of which she has been secretary, editor and president.

Having begun to improve standards, education, research, and communication regarding elderly care in the UK, Amanda worked with Olwen Finlay, MBE, FCSP to set up the International Association for Physiotherapists Working with Older People (IPTOP) – now with a membership of 8,000 physiotherapists in 14 countries. The association is an accredited and affiliated subgroup of the World Confederation of Physical Therapists (WCPT). WCPT granted an International Service Award to Amanda and a CSP Fellowship for her innovative work.

Amanda has worked as a clinician, manager, commissioner and academic with a particular interest in elderly rehabilitation and long-term disability. She has a PhD in Quality Studies and MSc in Health Planning and Financing and has authored a number of books, chapters and articles on the subject of elderly care and quality improvement. She worked as an Inspector for the UK’s health regulator, the Health Care Commission from 2000 to 2007 and now manages her own private practice for complex long-term disability.

WCPT Subgroup Leadership Meeting: London – March 10 & 11, 2013

On 10th and 11th March 2013 Jennifer Bottomley, President of IPTOP and Jill McClintock Vice-President of IPTOP attended the World Confederation of Physical Therapists (WCPT) Subgroup Leadership Forum in London.

WCPT reminded us that in 1951 it had only eleven country members and that by 2013 this number has risen to 106 countries and 12 subgroups.

The two days were a mix of presentations by WCPT staff and discussion sessions. Some of the attendees were from groups that had been established for some years while others were very new or not yet recognised subgroups.

It was a good opportunity for networking and hearing how other groups have dealt with their finances or setting up a website and also discussing the value of collaboration. The two days were structured to allow group discussion and feedback sessions. Communication, Finances, Policy development, Membership criteria as well as Congress 2015 were among the main topics discussed.

- With regard to communication the importance of having a variety of ways to communicate, as well as the importance of language and knowing your target audience were points highlighted.
- WCPT is in the process of establishing a Finance Committee, when complete it will look at how it could manage subgroup finances, if that is the wish of the subgroup.
- WCPT have a wide range of policies already developed and we were encouraged to look at our own subgroup policies and see if they comply, or if no policy exists in a particular area then we use the WCPT policy as a starting point.
- During a discussion on membership it was recognised that Physiotherapy throughout the world achieves its professional title in many different ways and so when it comes to undergraduate learning and curriculum design it is very difficult to standardise as there are many different learning styles throughout the world.
- WCPT supported the fact that the subgroups need clear membership criteria that may include a number of levels.
- Congress 2015

WCPT asked for subgroup support to encourage attendance, run networking sessions and provide speakers and chairs of sessions. There is to be a new section at the Congress in Singapore: ‘Seven years in Seven minutes ’ to list scientific changes within the previous seven years!

The two-day meeting was a very positive experience with a great atmosphere and a very open sharing between the groups of their experiences to date.

It also gave an opportunity for the subgroups to use that two-way communication between WCPT and themselves to emphasis the value to both parties in having and using good open reciprocal opportunities.

Jill McClintock Vice –President IPTOP

Welcome IPTOP’s First Patron

The IPTOP General meeting in Boston was very pleased to welcome our first Patron Olwen Finlay MBE, FCSP, HT, DMS

Olwen was invited by the IPTOP Executive Committee to take on this advisory position as she is a founder member of IPTOP and was its first Chair (this position is now renamed President) from 2003 to 2007.

Olwen’s many years in clinical practise and development of services for older peoples Physiotherapy give her the experience and skills to help guide and support the Executive Committee. We look forward to working with her.

The initial invitation is to work with the current Executive Committee until WCPT Congress in Singapore 2015

Photo (left to right): IPTOP Board: Jill McClintock, Vice-President & Secretary; Olwen Finlay, First IPTOP President & current Patron; Bhanu Ramaswamy, IPTOP Website Manager; Nancy Prickett, Treasurer and Jennifer Bottomley, President
The IOPTWH & IPTOP Conference, April 26 – 28, 2013, Boston, USA

The song, *Please come to Boston in the Springtime*, couldn’t have been better advice. What a beautiful location for a conference... and now we can tell ALL our relatives that we’ve been to Harvard!! We were blessed with perfect weather, a beautiful location for the conference, and many opportunities for networking, interfacing and collaborating. IPTOP was well represented by our Executive Board, Patron and Member Country Representatives.

A picture says a thousand words – so we will walk you through this event with brief descriptions and many photographs. We are planning to meet again in September of 2014 (details follow in a subsequent item of this newsletter) and again at the WCPT Conference in Singapore in May 2015. So NOW is a good time to jot down dates and start planning to attend. IPTOP is clearly in an evolutionary phase... and we hope you’ll join us.

This conference was a great place to meet other IPTOP member country physical therapists, enjoy some incredible speakers and topics, get a little IPTOP business accomplished and have fun in Boston. We met in concert with another WCPT subgroup, the IOPTWH [International Organisation of Physical Therapists in Women’s Health], which was a wonderful marriage of subgroups. In addition to providing a unique focus for the conference topics, this collaboration also provided us with the opportunity to meet and network with other physical therapists from around the world.

We extend a heartfelt Thank you to Presidents Jennifer M Bottomley, IPTOP and Rebecca G Stephenson, IOPTWH – both of whom took this conference on as a full time job - in addition to their other career and personal responsibilities. Knowing that these two have been working on this collaborative event since our gathering in Amsterdam in June 2011, gives us the sense and appreciation for the enormous task and impressive final product. The membership of IPTOP would like to Thank Jennifer and Rebecca for their time, creativity, and dedication to making the Boston Conference an incredible event. Through all eyes – this conference was a total success. Thanks Jennifer and Rebecca from the members of IPTOP.

![Conference Poster](image)

Opening Reception and Registration
The Boston Conference started with a Friday evening registration and opening reception amongst our sponsoring exhibitors. It was a great way to wind down after a long journey to Boston, to reunite with colleagues and friends, network and meet the exhibitors. Plus the food was awesome at the Harvard Conference Center.

We had many sponsoring exhibitors, as you can see on the poster that Rebecca and Jennifer are standing next to (above). We extend the most grateful thanks to Fox Rehabilitation and NuStep – our primary sponsors. Thank you to Hydroworks, Cedaron, Aegis Therapies, Genesis Health Services, Polestar Pilates, BSN Medical, InTone, CMT, Magtister Corporation, Slack Publishers and AllMed. Additionally, we greatly appreciate the support from the Section on Geriatrics and the Women’s Health Section of the American Physical Therapy Association (APTA) and the incredible guidance and assistance from the World Confederation of Physical Therapy (WCPT).

Conference attendees interact with Kim Willing from Hydroworx (left back) and Earl Carlow and Patti from Current Medical Technologies (CMT) during the opening registration and reception
Summary of the Opening Address and Keynote Speech
The Conference was a collaborative event between two World Confederation of Physical Therapy (WCPT) Subgroups – for Women’s Health (IOPTWH) and Older People (IPTOP) and hence the introduction to the Conference was accordingly given by the Presidents of each subgroups and joint organisers of the Conference, Rebecca Stephenson, President IOPTWH and Jennifer M. Bottomley, President IPTOP.

The Opening Address was delivered by Anne Hartstein, the Secretary of Elder Affairs for Massachusetts (MA), herself a Social Worker who had done her Doctoral study with Jennifer. In providing an overview of aspects of health in the state, she then spoke about the Ageing Agenda.
This nine-principled strategy for ageing well, that places quality of life for the individual across the age span at the hub of the document, has placed Massachusetts as leader in health reform across the United States of America (USA). The diagram above on page 7 of this Newsletter is a wonderful working paradigm of elder care, encompassing prevention and wellness, and looking at interventions that maximise function and independence in our elderly patients.

Following Anne’s address, Marilyn Moffatt, the President of the WCPT gave a Keynote speech, focusing on three topics:

1. The first provided an overview of the WCPT, an organisation that was the brainchild of, and founded by Mildred Elson in 1951. Marilyn described the changes as the organisation has evolved and grown since. In particular she was proud of the collaborations undertaken both with physiotherapy colleagues and with the other professions allied to health, as well as position statements set out by the WCPT.
2. Secondly, Marilyn described the challenges we faced with respect to worldwide ageing of populations, both in developing and developed countries. The rising numbers are no longer referred to as ‘the greying of the nations’, but now called the ‘Silver Tsunami’ due to the rapid growth of this age group. It presents a challenge in what we might use as an indicator of improving global health as well as how we design or implement sustainable policies on long term and palliative care.
3. And thirdly, she spoke of the issue when dealing with women’s health, given the longer life expectancy of females, and also the rise in non-communicable disease.

Marilyn then outlined 13 truisms pertaining to the current global situation, or that were predicted by the middle of this century, which will be important for all PTs around the world. In summary, these were:

1. The world population is rapidly ageing. Two facts were quoted – firstly, that between the years 2000 and 2050, the proportion of the world’s population over 60 years of age would double from about 11% to 25%. Secondly, that the number of people aged 60 years and over is expected to increase from 605 million to 2 billion over the same time period.
2. The number of people aged 80 and older will quadruple between the years 2000 and 2050. This means that middle-aged adults will have living parents and that more children will know both grandparents and great-grandparents.
3. By 2050, 80% of older people will live in low-income countries. Countries such as Chile, China and Iran are predicted to have increasing numbers of older people than in countries like the USA. The population of over 65 year olds will double, and the fastest growth rate will be witnessed in countries such as China and Brazil. Marilyn quoted an astounding fact that it took more than 100 years for the share of France’s population aged 65+ to double from 7% to 14% - in contrast, the expectation is for countries like Brazil and China to take less than 25 years to reach the same growth.
4. The main health burdens for older people are from non-communicable diseases. We are already seeing heart disease, stroke and chronic lung disease kill large numbers of the population, whilst disability from visual impairment, dementia, hearing loss and osteoarthritis increases.
5. Older people on low and middle-income countries carry a greater disease burden than those in the rich world; although these populations already demonstrate higher mortality and also disability, many of these problems, for example visual impairment can be cheaply managed.
6. The need for long-term care is rising. Marilyn noted that the number of older people no longer able to look after themselves was another figure expected to quadruple by the year 2050 due to increasing mobility problems, frailty or other physical and mental problems, thus necessitating long-term care whether in the home, in a Care Home or in the hospital.
7. Effective, community-level primary health care for older people is crucial if we are to prevent disease and better manage chronic illness. This means an increase in health professionals for this population, hence the recommendation from the World Health Organization (WHO) that all health providers be trained on ageing issues.
8. Globally, many older people are at risk of maltreatment, whether experienced at home or in an institutional setting. This treatment is a cause of serious physical injury and long-term psychological consequences.
9. There will be a dramatic increase in numbers with dementia, as it is known that the risk of developing dementia rises with age. This will leave people in low and middle-income populations with little access to affordable support or home care services necessary to help people and their family’s best manage the condition.
10. In emergency situations, older people can be especially vulnerable. Marilyn used examples of displaced populations, whether due to natural disasters or armed conflict, noting however that in many situations these people could be valuable resources to their communities.
11. Supportive, ‘age-friendly’ environments allow older people to live fuller lives and maximise the contribution they make by improving active participation in events and independence.
12. Healthy ageing starts with healthy behaviours in early stages of life, including awareness of diet, activity levels and exposure to health risks such as smoking and alcohol intake. The example quoted to prove it was never too late to

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take up healthy living was of a decrease in the risk of premature death from smoking by 50% even if smoking given up between the ages of 65 - 75!

13. **The need to reinvent our assumptions of old age.** Marilyn focussed on the need for society to break stereotypes and to develop new strategies that encompassed community living, workplaces and visible, active participation in society of older people.

The lecture ended with Marilyn discussing a further three issues.

- The first dealt with ageism and societal / cultural differences in the use and recognition of the term. It was discussed as preventing us meeting the challenges of population ageing by not allowing the right questions to be asked, and hence not finding (innovative) solutions.
- Secondly was our ‘choice’ or the fact that although a proportion of disability and early death is attributed to our diet, a large percentage of the population continue to consume an unhealthy diet with inadequate amounts of fruit and vegetable, and excessive salt and fats in our diet.
- Finally was the fact large proportions of the populations, especially the ageing groups, are insufficiently active, the greatest causes of heart disease, diabetes and certain cancers – leading to premature death and problems such as stroke.

Her finishing statement was positive noting that a World Health Organization (WHO) global goal is to attain a 2% annual reduction in death from preventable chronic disease, and in response, the WCPT has set a target to promote life-long sustainable healthy choices for the multi-factorial lifestyle related, or non-communicable diseases – a Public Health and health promotional interventions physiotherapists around the world can contribute to.

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Marilyn Moffat, PT, DPT, PhD, DSc, GCS, CSCS, CEEAA, FAPTA, Educator, Motivator and Inspiration...

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**Dr. Meena Sran, PT, MPhty, PhD** provided a wonderful lecture on *Physiotherapy and Osteoporosis: Goals and Strategies for Women and Older People*. Looking at bone health across the lifespan, she provided recommendations for exercise and bone preservation as well as clinical approaches to fall prevention.

**Sherri Betz, PT, GCS, CEEAA, PMA®-CPT** introduced the conference attendees to the benefits of Pilates, not only in bone health, but in overall wellbeing and health in a dynamic lecture entitles *Posturing for the Future: Pilates and Bone Health*. Though there wasn’t time to perform Pilates exercises during class – we all gathered prior to the Sunday sessions – and started our day out right – with a little Pilates...;)

**Sherri Betz leads us in Sunday morning Pilates (right)**

Following a very healthy lunch, **Dr. Meghan Markowski, PT, DPT, WCS, BC8-PMD, CLT** provided a very energetic and lecture on *Gotta Go...Can’t Go...Oh No!! Urogenital Issues and Their Implications in Aging*. One comment from many from the IPTOP group regarding addressing urinary incontinence was that “we should have more of this type of instruction in our IPTOP conferences... much of this is new to me.”
The **IPTOP’s General Meeting** occurred Saturday afternoon. The summary of this meeting is provided in this newsletter. The photo below shows some of those in attendance. It was a very productive meeting... AND we learned that we need to allot a longer time block for our Member’s General Meeting. As we move into the future – we’ve more to accomplish than an hour allows. Thanks to all who attended the IPTOP Member’s meeting.

**IPTOP General meeting in Boston April 27, 2013. Much was accomplished and we are moving steadily in a period of growth, productivity and accountability.**

The evening was a delightful gathering of all conference attendees at a gala dinner at the Longwood Inn. The food was incredible. We enjoyed a cocktail hour for meaningful interactions after a rich day of conference activities, and it was nice to see each other in a more casual setting. The highlight of the evening was an inspiring keynote presentation by **Dr. Alan M Jette, PT, PhD** from the BU School of Public Health. Dr Jette challenged us to *Face Into The Storm* and work as a profession, globally to prepare for the globalisation of health care, and changes in the roles that Physical Therapists will play in the future. As the PT becomes the possible entry point by patients into the health care system and we, as autonomous clinicians take on a more prominent leadership role in prescription and care of each of our patients, we need to prepare ourselves as a profession to meet the challenges and changes head on. True to form, Dr. Jette inspired us all.

**Rebecca Stephenson, President IOPTWH; Dr. Alan M Jette, Keynote Speaker, Dr. Jennifer M Bottomley, President IPTOP**
Sunday, April 28, 2013 was another richly packed day of presentations. After a vigorous Pilates session and a lovely continental breakfast, we all gathered to learn from IPTOP’s own Bhanu Ramaswamy, IPTOP Website Manager. Bhanu addressed the important relationship between nutrition and aging, and the impact that nutrition and exercise have on healthy aging in her presentation entitled: Nutrition and Exercise for Women and Men Across the Life Cycle. Exercise prescription, with an eye on good nutrition was presented with recommended strategies to improve motivation and compliance and obtain maximally functional outcomes. See Lisa Dehner’s summary below.

Dr. Neeraj Kohli, MD provided an enlightening session entitled: Understanding the Latest in Uro-gynecological Surgeries. This was truly informative to many of us, who tend to refer our patient’s to those PT’s working in Women’s health when we run into urinary incontinence and other uro-gynecological issues in our aging patients. We learned that there is much that we, as geriatric PT’s could be doing to improve the post-surgical outcomes of our patients undergoing uro-gynecological procedures.

Sexual Changes in Women and Men as They Age, was presented by Dr. Sharon Bober, PhD. The important role that one’s sexuality plays on self image and sense of wellbeing was considered. We often see our older patients as “asexual,” according to Dr. Bober. We learned of many resources and interventions available to address sexual dysfunction and sexuality as we age.

An impassioned presentation was provided by Dr Nancy Roberge, PT, DPT on Breast Cancer and Quality of Life: Treatment Impact on the Geriatric Patient. Dr. Roberge encouraged us to recognise the implications and age-related complications of breast cancer management on the aging adult. She presented the effect of institutional and clinician bias and discrimination and how this impacts care approaches in the older patient. Lastly, Dr Roberge discussed the role that PT intervention plays in improving the quality of life in oncology survivors.

Dr. Marilyn Moffat completed the day with a rousing presentation entitled: Are You Pushing Your Patients/Clients Hard Enough. Continuing her message from the first lecture she gave, she provided much evidence for exercise with multiple diagnosis and provided research based evidence of effectiveness. The take home message... we can push our patients harder than we are... What a wonderful end to two richly packed days.

Country Representatives in Boston

Jan Tessier, Belgium; Helen Johnson, Canada; Hans Hobbeilen, Netherlands, Bhanu Ramaswamy, UK; Gudfinna Bjorsdottir, Iceland; Lisa Dehner, USA; Jill McClintock, Ireland; Filiz Can, Turkey, Jennifer Bottomley, USA

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Clinical Feature from the Boston Conference

Lisa R Dehner PT, PhD, USA representative

On April 26-28, The International Organization of Physiotherapists in Women’s Health (IOPTWH) and the International association of Physiotherapists working with Older People (IPTOP) presented a combined international conference: Topics on Women’s Health and Aging in Men and Women in Boston, Massachusetts.

At the conference, Bhanu Ramaswamy, MCSP, AGILE (UK) representative to IPTOP, presented a lecture on Nutrition and Exercise in Ageing. My notes and interpretations from her presentation are as follows:

Bhanu began with the take-home messages for her presentation:

1. Poor nutrition contributes to a loss of function and development of progressive conditions. Adequate nutrition and a physically active lifestyle are aspects for physiotherapists to consider in health promotion interventions.
2. There is no one-size-fits-all model of either diet or exercise prescription with the older population (who span a 50-year period), BUT guidance is available as a starting point.

That healthy ageing requires both adequate physical activity and nutrition is not a new concept. Bhanu observed that even the earliest physicians like Galen (129-199AD) who advocated for a holistic approach to health and Mercuriali (1530-1606AD) who identified the need for individual modification of activity in older people, understood this concept. They also promoted the idea of wellness and not just the treatment of illness. These are concepts that we are ‘realising’ again in present day.

She began to define the problem of malnutrition and it’s impact. The causes of malnutrition can include low intake of food, disease, physical and psychological trauma, medications, foreign bodies e.g. prostheses, implants, and environmental factors e.g. chemicals, pollution. Malnourishment has a great impact on the immune system which makes people, especially an older person, more susceptible to disease and injury. As physiotherapists, this affects our patient’s ability to heal, build muscle and recover from disease and injury. In fact, older patients in rehabilitation settings who are nutritionally compromised have a longer length of in-patient stay (Charlton et al 2010, Waitzberg et al 2001). When one thinks of malnutrition, it’s understandable to think about patients who are not getting enough food but one could also apply the concept to someone who is obese. The obese individual may also be, in the strict sense of the word, malnourished. The impact of malnourishment added to the health risks known to be caused by obesity makes the challenge of rehabilitation greater and at the same time, more imperative. Bhanu pointed out that it’s important too to not always judge the fitness and nutritional status of a patient by looking at them. Sometimes slender individuals are less fit than larger individuals.

Ageing, physical activity, and nutrition all interact and affect musculoskeletal health. There is a decline in muscle mass and quality as we age. Crucial in the attempt to forestall or reverse this process is the stimulus of appropriate nutrition. Unfortunately, ageing muscle is sometimes unable to respond adequately to increased availability of nutrients (Wackerhage and Rennie 2006). However physical activity also stimulates the hyperplasia and hypertrophy of muscle. So a team approach with physiotherapists and other health care professionals is important to improve both the nutrition and increase the physical activity of older adults. To increase nutrition only without an appropriate activity stimulus may not be enough to reverse sarcopaena/ loss of collagen and connective tissue.

Other consequences of poor nutrition include osteoporosis and metabolic syndromes like diabetes and cardiovascular dysfunction like hyperlipidemia. Physical activity has been shown to improve the health of individuals with all of these diagnoses. Bhanu made a point of the gender differences with respect to the direct and indirect health impact of poor nutrition:

- Elder women endure unequal and inadequate access to wealth, property and resources across the world which limits their access to proper nutrition and health care (UN report 1999)
- Women and men have different body compositions including distribution of fat and mineralization of bone
- Women suffer 80% of hip fractures and lifetime risk for osteoporotic fractures is 30-40% whereas for men it is ~13%
- Choice of what types and when one is active is different in men vs. women

Having set the stage with an understanding of the problem and impact of nutrition and physical activity in older adults, Bhanu presented 3 model programs from varying international communities, demonstrating the benefits of combined approaches (including physical activity and dietary components) to improve the health and well being of older populations.
1. **Togami 2008- Japanese example** – Project PAN (physical activity and nutrition), which implemented sustainable physical activity and dietary programs to combat increasing inactivity, obesity, and chronic disease. TAKE10! was the part of the initiative for those >65 years of age (n=1400) for 1 year. The program model was holistic and emphasized behavioural change. It included goals for a nutritionally balanced diet, to enjoy eating, to engage in activity and to connect with society. Behavioural changes were seen in the study period but what isn’t known is if those changes were sustained.

2. **Straight et al 2012 – US example** – Program including community-based resistance training and dietary intervention with goals of improving physical function and body composition in older adults (n=90). Consisted of 8-week exercise program and 1 weekly dietary counselling session emphasizing increase in the physical aspect rather than behavioural aspect. Improved muscle strength, and improvements in body composition and physical function.

3. **Boniello et al 2011- Italian example** – Program that included exercise and incorporation of Mediterranean diet for 1 year (n=40) in older adults with metabolic syndrome. Concluded that a long-term individually prescribed physical activity program along with nutritional intervention improved subject’s cardio-metabolic risk profile.

Bhanu pointed out the lack of long-term evidence of carryover with these programs. That is, many programs can be effective but the question is what happens when the program is withdrawn? Do older adults continue with the program? Do older adults continue to get benefit if they continue the program?

Bhanu concluded by discussing the physiotherapist’s role emphasising the new ‘realisation’ of prevention, health and wellness. She acknowledged that in some places physiotherapists have more time to include nutrition and other more holistic patient care than in others. She advocated for physiotherapists to empower patients in their own health and their own control over their ability to prevent disease.

**Advocacy (public health):**
- Advocate for the health of the older adult
- Enable an increase in older adult’s control over health and wellbeing
- Protect and minimise impact of health risks
- Ensure high-quality, evidence-based preventative treatment

**For advising on dietary changes – Note that physiotherapist scope of practice will vary from country to country with respect to giving nutritional advice and ability to prescribe diet/supplements:**
- Oral supplements to maintain body weight in those ‘at risk’ of malnutrition (Gazzotti et al 2003)
- Reduce saturated fat and salt intake to reduce the burden of cardiovascular disease
- Consumption of fruits and vegetables to reduce cardiovascular risk, improve immunity and improve bowel transition
- Consider dairy, vitamin and protein intake

**Physical activity:**
- Assess aerobic capacity, muscular strength, body composition, flexibility and balance
- Prescribed specific, individualized programs of exercise and physical activity
  - Should include warm-up and cool-down, monitoring of cardiovascular safety, must consider bone health and should strive to increase muscle strength
  - Ideal is 150 minutes of moderate activity or 75 minutes of vigorous activity per week in bouts of 10 minutes or more – should be prescribed based on patient’s current status and specific goals
- Minimize the time spent being sedentary (especially sitting) for extended periods.
- Include resistance training to improve muscle strength (at least 2 days/week)
- Should consider risk of falls
- Cognitive status should be considered
- Consider co-morbidities, nutritional status (anaemia, malnutrition) and patient safety

Bhanu ended by emphasizing again the need to consider the nutritional needs of the patient as the physiotherapist prescribes physical activity.

**References:**
Summary of IPTOP General Meeting – Boston Conference
Boston 27th April 2013

1. Twenty-one people attended this meeting, three Executive Committee members, seven member country reps, nine IPTOP members and two non-members.
2. After verification of the notes from the last IPTOP general meeting in Amsterdam June 2011 the Executive Committee officers gave their reports.
3. The reports from Jennifer as President and Jill as Vice-President and Secretary highlighted the things IPTOP has achieved since Amsterdam.
   - We have Skype meetings both for the Executive Committee and also with the Member Country representatives every three months, these have been a very positive addition for communication.
   - We have appointed a Web manager which ensures our website is a useful resource for members
   - We have just finished a complete review and update of the Policy Book
   - The IPTOP Standards of Clinical Practice are complete and ready for distribution.
4. Nancy as Treasurer gave the members attending a summary of the current IPTOP financial situation and an explanation of the removal of four countries from the IPTOP membership list. This was because they was no payment of dues and no communication from these countries despite several attempts. Nancy proposed an increase in the IPTOP fees from the current 20 c per person to one US dollar ($1.00) this would allow us to come in line with WCPT charges and what the majority of other subgroups charge. A full explanation of the reasons for this proposal and the way it may be implemented are in the full notes from the General meeting as sent to the Member Country Representatives (MCRs).
5. EGMS (European Geriatric Medical Society) are hosting a conference in Rotterdam September 2014, Jennifer as IPTOP President has been invited to participate.
6. The proposed changes to the IPTOP Constitution were accepted.
7. IPTOP vacancies. The current Newsletter Editor vacancy will be filled by a secondment until the next General Meeting in Singapore where it and all the Executive Officer posts are open to nomination.
8. IPTOP’s first Patron Olwen Finlay was introduced to the meeting, this invitation will run with the current Executive term until Singapore 2015.
9. Singapore 2015. There was discussion about our input to both the WCPT programme and also organising an education session before the main conference. The membership will be asked for topics of interest and also on whether to have separate IPTOP social events or join with the WCPT organised events. Jill reminded everyone of the awards from both IPTOP and WCPT, she will send a reminder for nominations to the MCRs a year before WCPT Singapore.
10. The last topic for discussion at the meeting was communication and the fact that IPTOP is interested in developing its communication strategies to such things as Facebook, Twitter or LinkedIn.

The next IPTOP General meeting will be in Singapore May 2015.

Jill McClintock, IPTOP Vice President and Secretary
TREASURER’s REPORT for Newsletter  

June 2013

The Boston conference proved to be a financial success with a modest profit. Both sponsoring subgroups will equally share the conference profit. Timely communication and well-implemented management strategies enabled both sub groups to participate in and enjoy the success of the Boston conference.

Annual dues statements/invoices will be emailed to member countries in June 2013. At the IPTOP General meeting in Boston, the country representatives voted to increase member dues from US dollar $0.20 per member of a country’s geriatric group to USD $0.50 per member. This change in dues goes into effect beginning June 2014. This change will enhance IPTOP’s treasury so that officers may begin to receive per diem reimbursement for attendance at required events. In March 2013, IPTOP’s president and vice-president attended a WCPT leadership forum in London. We do not want limited finances to hamstring officer’s attendance at such events. With more financial support available to officers to attend mandatory meetings, it is hoped more folks will run for leadership positions in IPTOP. In Singapore 2015 IPTOP member countries will be electing a full slate of officers.

Also in reviewing WCPT’s other sub groups’ subscription rates, IPTOP’s was the lowest at USD $.20 and this rate has not been raised since IPTOP’s inception in 2003. WCPT charges USD $1.00 per physical therapy association member of WCPT member countries. Many other sub groups of WCPT also charge USD $1.00 per member of the country’s subgroup. It is with these considerations that the IPTOP member country representatives voted for the 2014 dues increase.

New Membership Category: At the General meeting in Boston held on April 27, 2013, the member country representatives approved the associate member category. This category is designed for individual physical therapists who wish to join IPTOP, but their country’s physical therapy association does not have a geriatric subgroup currently and/or the country association may never have a geriatric subgroup. The associate member would pay USD $5.00 for annual dues, have contact with the regional IPTOP representative, and receive the newsletter. The associate member does not have a vote at IPTOP general meetings, but may rise and speak for or against the business under discussion. The membership category may encourage the development of geriatric sub groups in countries without such and stimulate an interested physical therapist in geriatric rehabilitation. Membership forms for the associate member are available by contacting Nancy Prickett, IPTOP Treasurer at Treasurer@iptop.wcpt.org.

Nancy Prickett  
IPTOP Treasurer

World Roundup – information from the different IPTOP country representatives  

(contact editor@iptop.wcpt.org )

USA

Lisa R. Dehner PT, PhD  
American Physical Therapy Association, Section on Geriatrics (5700+ members)

Mission Statement
The mission of the Section on Geriatrics (SOG) is to further our members ability to provide best practice physical therapy and to advocate for optimal aging.

Selected Strategic Plan Goals 2010-2013:

1. Promote and support autonomous physical therapist practice with the aging population
2. Facilitate use of best physical therapy practice for optimal aging.
3. Advocate for the health, wellness, fitness, and physical function needs of the aging adult.
4. Promote physical therapists as practitioners of choice for optimizing physical function with aging adults

Activities and Resources:

IPTOP Website www.iptop.wcpt.org
The group aims to assist members in delivering the highest possible practice with older people by:

1. SOG Position statements are available for 1) Practice autonomy, 2) Cultural diversity, 3) Geriatric Practitioner 2020, 4) Physical and chemical restraints and 5) Physical Therapist Assistants at the SOG website: http://www.geriaticspht.org/about-section-on-geriatrics/membership.cfm

2. Developed by the APTA, the PTNow website www.ptnow.org provides tools for advancing physical therapist practice. PTs can find clinical summaries, cases and information on tests and measures. A recently published clinical summary useful for PT’s working with older people is “Fall Risk in Community Dwelling Elders.”

3. The US Centers for Disease Control (CDC) developed a tool kit for health care providers who treat older adults who are at risk of falling or who may have fallen in the past. Stopping Elderly Accidents, Deaths and Injuries (STEADI) was developed using the American and British Geriatric Societies’ Clinical Practice Guidelines. Therapists can find easy to use forms and tools for themselves, as well as educational handouts for their patients. http://www.cdc.gov/homeandrecreationalsafety/Falls/steadi/about.html

Events
June 26-29, 2013 – APTA Annual Conference in Salt Lake City, Utah, USA
http://www.apta.org/Conference/
September 22, 2013 – National Falls Prevention Day

UK

<table>
<thead>
<tr>
<th>Country</th>
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<tr>
<td>Name of group</td>
<td>AGILE (a professional network of the Chartered Society of Physiotherapy) <a href="http://agile.csp.org.uk/">http://agile.csp.org.uk/</a></td>
</tr>
<tr>
<td>Name of representative</td>
<td>Bhanu Ramaswamy</td>
</tr>
<tr>
<td>Number of members</td>
<td>508</td>
</tr>
</tbody>
</table>
| Description of group | The group aims to assist members in delivering the highest possible practice with older people by:  
- Promoting high standards through education, research and efficient service delivery  
- Providing a supportive environment, facilitating the exchange of ideas and information  
- Encouraging and co-coordinating relevant activities regionally and nationally |
| Activities since last report | 1. AGILE continues to contribute to varied projects (see http://agile.csp.org.uk/projects)  
2. AGILE’s Chair is managing the Twitter account (@AGILEChair).  
3. And, we also have a Facebook site: https://www.facebook.com/pages/AGILE/500546586643746  
Followers, and friends especially other IPTOP members, would be welcomed. |
| Other relevant national events | This year’s series of Regional study days held at 6 venues across the UK are on the Assessment of frailty; details can be found on the AGILE website Events page at http://agile.csp.org.uk/network-events. |
| Event highlight | To be our National Conference with a musculo-skeletal bias called ‘Joint Matters’, held in Bristol this coming 5th and 6th October 2013. See the Events page again for details. |

World Roundup

Country and regional contributions to the Newsletter are a vital communication and information link between member countries. To assist contributions, please complete the template below and send to the editor by the copy date printed in the current newsletter. Each country should contribute some information at least once a year. To ensure we get a fair spread of contributions, the following time table is suggested as a minimum—you can of course contribute to each edition. In addition, contributions from your members for a “Main Feature” of “Clinical Feature” are very welcome (see newsletter for details).

Send contributions to: editor@iptop.wcpt.org

IPTOP Website www.iptop.wcpt.org
General Information

IPTOP web page (Contact website@iptop.wcpt.org)

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

IPTOP Objectives (contact secretary@iptop.wcpt.org)

At each general meeting IPTOP's objectives are reviewed, a lead person for each appointed and timescales set for completion. Full details and progress reviews are retained by the Secretary, with feedback at the next General Meeting.

IPTOP Photographs (contact Bhanu Ramaswamy: website@iptop.wcpt.org)

We would like to start a library of photographs involving older people. The committee will be working through issues of consent, copyright and access, but in the meantime you may want to start thinking about what you could contribute.

IPTOP CPD (contact: President@iptop.wcpt.org)

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

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

The course is presented as formal lectures and facilitated learning followed by small group work. 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. The formation of IPTOP was one such plan. Two courses have been held. All students found them beneficial, especially to be with colleagues from the same specialty for an extended period. Students stated: “it was enriching, inspiring and confidence building”.

Further courses can be arranged by IPTOP.

Awards

Please consider nominating a colleague working in Geriatric PT for one of the IPTOP or WCPT awards. Take a look and put your thinking cap on. I’m sure you know someone who is deserving of these awards.

Awards are made at the 4-yearly WCPT International Congress, with the submission time being approximately one year in advance (this would be in line with WCPT award submissions), thus IPTOP require to start preparation approximately two years before the next conference.

An IPTOP Special Fellowship is an honorary category and is reserved for individuals rendering valuable service to the practice of physical therapy for older people internationally.

An IPTOP Honorary Fellowship may be granted by the Executive Committee or voting representatives at a General Meeting to physical therapists who have enhanced the Association or have rendered valuable services to older people through unique or long term service or have merited special international recognition for their work.

This will be conferred on a person who, in the opinion of the Association, has rendered outstanding service to the association or has made a notable contribution to the health and well-being of older people.

IPTOP Website www.iptop.wcpt.org
1. Nominations for the above awards (see criteria below) may be made by any member organisation and supported by a second member organisation.

2. Nominations can be submitted to any member of the Executive Committee who will forward the application to the Vice President of the Association.

3. The proposer will be informed whether the nomination has been successful.

4. A letter will be sent to the nominated person signed by two of the following Officers, President, Vice President, Treasurer or Secretary of IPTOP.

5. A formal announcement will be made at the four-year general meeting coinciding with the WCPT Congress.

6. WCPT will be kept informed. See below for Criteria)

### WCPT International Service Award

WCPT awards for international service are to honour individuals who have made a significant contribution towards physical therapy internationally or within their region. Awards are made at the 4 yearly International Congress. Submissions require to be made approximately one year in advance so IPTOP require to start preparation approximately two years in advance.

Criteria will be reviewed and updated in each 4-year period so groups should wait for call for nominations from WCPT. Recipients will be determined based on the international scope and impact of their contribution to physical therapy in one or more of the following areas:

- Practice
- Education
- Research
- Administration and policy development

More than one award may be given in each area at each WCPT Congress. Nominations are accepted from member organisations, regions and subgroups. All nominations should indicate the area in which the majority of the nominee’s work has taken place.

Candidates must be members of a WCPT member organisation.

**WCPT Criteria check list---no score, just tick box**

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<tr>
<th>Criteria</th>
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<tr>
<td>Candidates must be members of a WCPT member organisation.</td>
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<tr>
<td>Significant contribution towards physical therapy internationally or within their region (Describe)</td>
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<tr>
<td>International scope and impact of their contribution to physical therapy in one or more of the following areas:</td>
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<tr>
<td>---Practice (Describe)</td>
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<td>---Education (Describe)</td>
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<td>---Research (Describe)</td>
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<tr>
<td>---Administration and policy development (Describe)</td>
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<tr>
<td>Nominations should indicate the area in which the majority of the nominee’s work has taken place (State)</td>
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For more details, see the WCPT International Awards page: [http://www.wcpt.org/awards#international](http://www.wcpt.org/awards#international)

### Attention Students

IPTOP is interested in establishing an International group of students interested in Geriatrics. We would like to have more participation of student PT’s in IPTOP activities. Mark your calendar for Singapore 2015. IPTOP will be sponsoring a Round Table discussion session on Service Learning for Students interested in Geriatrics. We look forward to your participation.
Sli na Slainte means ‘Path to Health’ encourages people of all ages and abilities to walk for health and exercise more often. The programme is supported by a network of 170 established signposted walking routes nationwide. The Sli na Slainte programme also offers Walking Leader Training courses to individuals wishing to set up a walking group in their community or workplace.

Ireland:

- **active@work**: Website designed for adults or older people at work or in the community, this is a national physical activity programme developed for small, medium and large sized workplaces is also suitable, relevant and practical for community groups, and the public at large. active@work includes a number of challenges to encourage more activity, such as the five-week Walk or Step Challenge, the four-week Heart Points Challenge and a Desk Work-Out programme which is available on CDROM and on the website. Desk Work-Out includes aerobic, stretching and strengthening activities: [www.irishheart.ie/workplace](http://www.irishheart.ie/workplace)

- **Go for Life Physical Activity Leaders (PALs)**
  A series of eight workshops enabling older people to become Physical Activity Leaders (PALs) who can lead members of their own groups or communities in short exercise routines, simple dances, fun games and recreational sports. [www.ageandopportunity.ie](http://www.ageandopportunity.ie)

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**United Kingdom:**

- **Age UK** (previously Age Concern and Help the Aged) endorse and produced exercise DVDs:

  - **Age NI** have produced a DVD ‘Exercise with Liz’, they describe as ‘a fun exercise DVD featuring a sing-along piano accompaniment, you can exercise in the comfort of your own home’, advertised as a good follow up after physiotherapy has finished. The 40-minute DVD has a warm up, main exercise (including balance) and a cool down section. Exercises are led by Liz Wood, who has worked with older people for over 20 years, running classes for those aged from 60 to 90 and above! Information about costs and a short video excerpt can be found at [http://www.ageuk.org.uk/Exercise-With-Liz](http://www.ageuk.org.uk/Exercise-With-Liz)

  - **Angela Rippon’s – ‘Fabulously Fit At Fifty And Beyond’** is a simple-to-follow programme led by Angela with the help of qualified instructress Sheena Land. They demonstrate easy exercises that work on five key exercise areas - balance, power, strength, flexibility and endurance - to maintain a healthy life after 50. Available from [http://www.play.com](http://www.play.com)

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**IPTOP Resources**

The year 2012 was designated by The European Commission as the European Year for Active Ageing and Solidarity between Generations (EY 2012), IPTOP provided information to members about exercise resources for the older adult that will help physical therapists promote activity. Below you will find some of the exercise DVD’s and also resource sites available around the world, some that are country-specific. We have tried to include the ones that can be viewed online so everyone can access them, and that promote activity and exercise with older adults. Please note that the IPTOP committee has not reviewed all the resources, so we cannot endorse any of the products on this list.

The list is available in full on the IPTOP website for the next 6 months, but is by no means comprehensive, so if IPTOP members know of other resources they use in practice, other therapists will benefit from, please email details to the Website Manager.

**Belgium:** Prevention off falls website (official website of the Expertise Centre for Falls prevention)
[http://www.valpreventie.be](http://www.valpreventie.be). There are 4 items with more specific explanation. A Home page with general information; a general public information page (algemeen); a page of information for the care-taker and a final information page for organisations and cities. In the third (Zorg) you will find information useful to a physical therapist such as video’s, exercise programmes, assessments and so on.

**Iceland: Balanced** is a short educational film (on CD and DVD) about balance and balance training, published by The Icelandic Physical Therapy Association. The film covers the control of posture and changes that can occur in connection with increasing age, diseases or accidents, and the CD has a printable list of exercises. This new method has been beneficial for the elderly as well as individuals with vestibular disturbances, balance disorders in connection with head and neck injuries and people with neurological conditions. The authors, Dr. Ella Kolbrun Kristinsdottir and Berghora Baldursdottir, MSc. developed this new training method at the University Hospital, Physiotherapy Department, Landakot.

The CD and the discs are obtainable at the office of The Icelandic Physical Therapy Association e-mail: physio@physio.is

**Ireland:**

- **active@work**: Website designed for adults or older people at work or in the community, this is a national physical activity programme developed for small, medium and large sized workplaces is also suitable, relevant and practical for community groups, and the public at large. active@work includes a number of challenges to encourage more activity, such as the five-week Walk or Step Challenge, the four-week Heart Points Challenge and a Desk Work-Out programme which is available on CDROM and on the website. Desk Work-Out includes aerobic, stretching and strengthening activities: [www.irishheart.ie/workplace](http://www.irishheart.ie/workplace)

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Move it or Lose it: Exercise for Older People: 3 DVD routines led by Julie Robinson. The first DVD is for beginners, with gentle, guided exercises for less mobile people who need to strengthen their muscles, improve mobility and cannot exercise standing up; the seated routine has been endorsed by The Centre for Healthy Active Ageing, University of Birmingham. In the second DVD, people have the option of standing up to exercise, and in the third DVD, the exercises concentrate on muscle strength with eight different exercises using resistance bands. Information can be found through http://www.moveitorloseit.co.uk

British Heart Foundation work, including resources to support national and local partnerships and agencies who wish to stage their own local events: www.active-ageing-events.org.uk

These resources provide advice and guidance on planning local events and include: The Active Ageing Coordinator’s Planning Guide, The Guide to Active Ageing Promotion, Active Ageing Ideas for Action, Active Ageing Community Organisations’ Guide. The materials and ideas will help an organisation to host their own local events and promote Active Ageing.

For further details of the Department for Work and Pensions Full of Life campaign visit www.dwp.gov.uk/fulloflife

For additional information of the promotion of physical activity with older people visit www.bhfactive.org.uk to download the Active for Later Life Resource and the BHFNC Guidelines on Older People and Physical Activity.

USA (some of these links require membership to the organisation)

- National Center on Health, Physical Activity, and Disability is a collaboration of universities and leading health advocacy and disability organizations, creating links to the program initiatives ongoing across the USA. In addition to its many resources, the Centre has produced a comprehensive list of commercially available exercise videos appropriate for individuals with disabilities and chronic health conditions. They advertise the use of exercise videos as a ‘great way to start a home exercise program, and provides another cardiovascular and/or strengthening exercise option for regular exercisers’. Information about the list and about the Centre can be found at http://www.ncpad.org/351/2036/Exercise~Video~List

- Centers for Disease Control (CDC) physical activity videos (for people of all ages). The CDC is a component of the US Department of Health and Human Services. CDC’s Mission is to collaborate to create the expertise, information, and tools that people and communities need to protect their health – through health promotion, prevention of disease, injury and disability, and preparedness for new health threats. Their website has many resources devoted to health and disease prevention.

- Collection of videos about physical activity guidelines and ways to increase physical activity
  http://www.cdc.gov/physicalactivity/everyone/videos/

- Collection of resources specific to strength training for older adults
  http://www.cdc.gov/physicalactivity/growingstronger/index.html

- American Geriatrics Society Foundation – Health in Aging.org. The American Geriatrics Society (AGS) is a not-for-profit organization of over 6,000 health professionals devoted to improving the health, independence and quality of life of all older people. The Society provides leadership to healthcare professionals, policy makers and the public by implementing and advocating for programs in patient care, research, professional and public education, and public policy. They have a feature called Ask the Geriatrician (MD specializing in the care of older adults) of frequently asked questions about exercise from older adults
  http://www.healthinaging.org/resources/resource:ask-the-geriatrician-exercise/

National Institutes of Health - National Institute on Aging

Since 1974, the NIA -- one of the 27 Institutes and Centers of the US National Institutes for Health (NIH) -- has been at the forefront of the Nation’s research activities dedicated to understanding the nature of aging, supporting the health and well being of older adults, and extending healthy, active years of life for more people.

Downloadable guide for exercise
  http://www.ncoa.org/improve-health/center-for-healthy-aging/content-library/exercise-a-guide-from-the.html

Sample Exercise routine

Go for Life video: Designed for older adults, this DVD features strength, balance, and flexibility exercises that can be done at home, at work, at the gym—almost anywhere.
Welcome to NIHSeniorHealth.gov, the Web site for older adults. NIHSeniorHealth makes aging-related health information easily accessible for family members and friends seeking reliable, easy to understand online health information. This site was developed by the National Institute on Aging (NIA) and the National Library of Medicine (NLM) both part of the National Institutes of Health (NIH).

Series of exercise and instructional videos
http://nihseniorhealth.gov/videolist.html#exercise

American Physical Therapy Association
The American Physical Therapy Association (APTA) is an individual membership professional organization representing more than 80,000 member physical therapists (PTs), physical therapist assistants (PTAs), and students of physical therapy. APTA seeks to improve the health and quality of life of individuals in society by advancing physical therapist practice, education, and research, and by increasing the awareness and understanding of physical therapy's role in the nation's health care system.

Fitness across the lifespan videos

Section on Geriatrics
A component section of the APTA, the Section on Geriatrics supports those therapists, assistants, and students that work with an aging population in roles of advocacy, direct patient care, consultation, supervision, and education. The Section on Geriatrics was formed in 1978 to address the needs of the physical therapy practitioner working with the aging client. The Section represents and serves over 5,000 members with a wide array of services and benefits.

Stand Tall Exercise Program
The evidence-based Stand Tall Exercise Program was developed by Dr. Wendy Katzman, PT, DPTSc, OCS based on her research at UCSF SFSSU to reverse the postural changes that often occur in the older adult.

Patient Brochures
Aquatic Exercise
http://www.geriatricspt.org/students/patient-education-brochures/AquaticExercise.pdf
Exercising in hot and cold weather
http://www.geriatricspt.org/students/patient-education-brochures/SoGHotandCold.pdf
Strength Training

‘More Than Stretch: Senior Fitness for good health’, also available from http://www.play.com. Exercise to music with stretching and strengthening, balance and posture, techniques for relaxation and breathing, and rebuilding and maintaining a healthy back. Led by Charlotte Michos, who specializes in working with older adults and who has over thirty years of experience in the health field as a nurse, is a professor of nursing, and has an extensive background in fitness as a dancer and instructor.

ACROSS EUROPE:

The Thematic Network for Adapted Physical Activity (THENAPA) II: “Ageing and disability - a new crossing between physical activity, social inclusion and life-long well-being” at http://www.thenapa2.org/about/index.htm
Under "Products you will find cards, DVD, brochures, and more - these products are translated in most of the European languages.

The work of EuroHealthNet (www.eurohealthnet.eu), a not for profit organisation networking public bodies working in the fields of health promotion, public health, disease prevention and health determinants – the factors behind good or ill health. EuroHealthNet comprises of national and regional bodies working on policy, research and implementation approaches, which contribute to improving health, wellbeing and equity between and within all the countries that are members of or associated

IPTOP Website www.iptop.wcpt.org
with the European Union.

Healthy and Active ageing (2012) is a report that provides a selection of policies, programmes and interventions that are currently or have been applied in the EU and it’s Member States, as well as by WHO and Canada, to promote the health of ‘younger’ older people. Dispersed through the text, which provides evidence on different aspects on the health of and health promoting interventions for this group. The final section of this report contains a compendium of 87 projects that contribute to the health and well-being of ‘younger’ older people. Access it at: http://www.healthyageing.eu/sites/www.healthyageing.eu/files/resources/Healthy%20and%20Active%20Ageing.pdf

**IPTOP research and audit** (contact Jennifer Bottomley at president@iptop.wcpt.org)

**IPTOP’s NEW Standards of Clinical Practice**

**PERSPECTIVE FOR INTERNATIONAL COLLABORATION: DEVELOPMENT OF CLINICAL GUIDELINES/STANDARDS OF PRACTICE IN GERIATRIC PHYSICAL THERAPY**

Clinical practice guidelines, or standards of practice are *statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of benefits and harms of alternative care options*. In health care services, clinical guidelines and practice standards are considered important instruments to improve and manage the care of our patients; this is one of the reasons that IPTOP is currently investing time. The expertise of each of our country representatives in evaluating standards of practice in each of our member countries, with invaluable input from the WCPT President Marilyn Moffatt and WCPT’s Professional Policy Consultant Catherine Sykes, has resulted in the publication of a new, collaborative *Standards of Clinical Practice* document by IPTOP.

Important goals in developing and implementing guidelines are higher quality and improved cost effectiveness of interventions, ideally resulting in improved health outcomes. Additionally, guidelines and standards documents address the need to decrease variability and increase transparency in clinical practice and legitimize geriatric physical therapy practice in the eyes of those outside our field of practice.

Development and implementation of guidelines are major focus areas of health care policy in many countries, and thousands of guidelines have been published worldwide. Low- and middle-income countries are facing unique health care problems, for which the development of guidelines is a challenging process. In many instances, the evidence is neither relevant nor applicable and resources to develop guidelines are lacking. Therefore, guideline development in these countries depends heavily on international guidelines with local adaptation to provide the best fit.

In the last twenty years, the physical therapy profession has rapidly increased its body of knowledge, and the introduction of evidence-based clinical guidelines was a logical step. The Physiotherapy Evidence Database (PEDro) contained 478 evidence-based clinical guidelines.

At the international level, the World Confederation for Physical Therapy (WCPT) has prioritized the development and implementation of clinical guidelines in its policy. The European Region of WCPT (ER-WCPT) has developed a framework for the development of clinical guidelines, and its database shows that, in 2010, eight European countries had physical therapy-specific guideline programs.

There are specific problems related to the use of guidelines by physical therapists in low- and middle-income countries. Physical therapy management is confronted with a high patient-to-physical therapist ration, low accessibility to health care, lack of facilities and equipment, and short hospital stays. In addition, cultural and language differences mean that well-known outcome measures developed within a Western model are not suitable locally. Furthermore, roles and responsibilities of physical therapists may be different, with consequences for physical therapy diagnosis and decisions for treatment modalities or prevention. There is a need to develop an appropriate local body of evidence to address the specific circumstances. By so doing, suitable clinical guidelines can either be adapted from existing ones or established for low- and middle-income countries.

The growing body of knowledge in the field of clinical guidelines has provided opportunities for international collaboration. In 2002, the Guidelines International Network (G-I-N) was founded to provide a network and partnerships for guideline organizations, implementers, researchers, and other stakeholders in health care. The G-I-N seeks to improve the quality of health care by promotion systematic development of guidelines and their application to practice. In the field of Geriatric physical therapy, international collaboration in producing guidelines and harmonizing guideline methods is limited. Despite
Deadline for symposium submission

One of the many roles for IPTOP is to step ahead with WCPT and develop International Guidelines. WCPT has taken the lead and launched this initiative at World Physical Therapy 2011; our first step, in producing Standards of Clinical Practice has been achieved. IPTOP now proposes to establish a collaborative for the production of international evidence statements for geriatric physical therapy practice. The hope is to provide a universal starting point for countries to begin this process. We need an International Perspective, especially in the unique area of practice of geriatric physical therapy. Collaboration is key in assisting countries without standards of practice in geriatric practice in establishing clinical guidelines.

1 Guidelines International Network. International Guideline Library. Available at: www.g-i-n.net.

All members of IPTOP have free access to the new Standards of Clinical Practice through their Country Representatives. Non-members should approach the Secretary at secretary@iptop.wcpt.org

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

A few months ago Dr. Nico van Meeteren, president of the European Network for Action on Ageing and Physical Activity (EUNAAPA) contacted Dr. Jennifer Bottomley, president of IPTOP, and Dr. Hans Hobbelen, Dutch and European representative of IPTOP. He asked IPTOP to collaborate in writing and submitting a proposal for a joint symposium on physical therapy and the promotion of physical activity in elderly at the 10th International Congress of the European Union Geriatric Medicine Society (EUGMS 2014). The EUGMS Organising Committee was enthusiastic about this initiative and is looking forward to receiving our final proposal.

The main focus of the 10th congress of the European Union Geriatric Medicine Society (EUGMS) will be: Geriatric Medicine Crossing Borders. Crossing borders between gerontological science and geriatric practice with futuristic solutions for common problems Crossing borders between the academic community and the everyday doctor on the job: general practitioner, home care team, medical specialist in the hospital and the nursing home. Crossing borders between countries: international retirement migration, labourers from countries with a low economic status who emigrated to richer communities years ago, as refugees.

EUGMS 2014 will take place in Rotterdam, The Netherlands, from 17 – 19 September 2014 (www.eugms2014.org).

The 10th EUGMS congress will be organised in cooperation with the annual Netherlands Geriatric Congress “Geriatriedagen”, which is a platform for all workers in the field of geriatric medicine. Plenary sessions, symposia and submitted symposia, poster sessions as well as sponsored satellite symposia will cover most important topics in geriatric medicine. It is a great opportunity to for interaction with colleagues of other countries and other disciplines in geriatric care, and of course to visit the exciting city of Rotterdam. Rotterdam is only 25 train minutes from Amsterdam and Schiphol Airport. The congress venue is located in the heart of the city with plenty of shopping opportunities, and many hotels within walking distance.

Important dates:

November 15, 2013    Deadline for symposium submission
April 25, 2014        Deadline for abstract submission

We are looking forward to this great opportunity to collaborate with new European partners and especially to this exciting chance to physical therapy with older people.

**SAVE THE DATES:**

THE INTERNATIONAL CONGRESS OF THE EUROPEAN UNION GERIATRIC MEDICINE SOCIETY

17-19 September 2014, The Netherlands
This newsletter is to update everyone on the association. It is sent direct to special interest groups, as they become known. The idea for an association began in 1993 at an international course in Malta; was discussed at WCPT Washington in 1995 and at WCPT Yokohama in 1999 where a shadow committee and steering group were formed. The Foundation Meeting was held in Birmingham, UK, 2002. At WCPT Barcelona 2003, IPTOP was accepted as a WCPT subgroup. General Meetings have been held in Barcelona 2003, Dublin 2004, Melbourne 2005, Istanbul 2006, WCPT Vancouver 2007, Ankara 2009, WCPT Amsterdam 2011 and Boston 2013. Membership currently stands at 14 countries representing around 8,000 physical therapists in elderly care. The efforts of the association are directed towards member associations and their individual members working with older people through excellence, research, practice and clinical specialisation. Officers travelling to international conferences are self-funded. This newsletter is published on our website six months after distribution to members. A summary is published in WCPT news.