Letter from the President

Dear Colleagues,

It is an honour to have been elected as your President during the June meeting in Amsterdam. I look forward to four productive years for IPTOP. Thank you all for this opportunity and this challenge.

The past IPTOP leadership has prepared us well for the changes our profession is experiencing now and can anticipate globally in the years ahead. I look forward to the prospect of carrying on and working with each member country and the leadership of IPTOP to enhance and enrich the legacy established so far.

In Amsterdam we welcomed Belgium as a new member country; and newly elected committee, liaison, and executive board members. We extended our thanks to those retiring IPTOP representatives and officers and Filiz Can, IPTOP’s outgoing president was presented with the IPTOP Globe for her years of service to our subgroup.

To the membership of IPTOP I thank you for your level of engagement in and commitment to our profession. During times of change, it sometimes seems easier to take the path of least resistance. I challenge you to take the tougher road. The fork you choose is dependent on your level of commitment to your chosen goal. Our emerging identity as physical therapist specialists in elderly care worldwide will depend on the way in which we handle change.

Jennifer M. Bottomley, PhD, MS, PT
President, IPTOP  (president@iptop.wcpt.org)

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Awards of IPTOP Globe to Filiz as retiring president by Jennifer Bottomley, incoming president.
Main feature

The 16th International Congress of WCPT  20-23 June 2011, Amsterdam

The Congress was hosted by the Royal Dutch Society for Physical Therapy and attended by around 4,000 physiotherapists. The theme of “Moving Physiotherapy Forward” was based on five complementary programme tracks:

* Global health  * Professional issues  * Professional practice  * Education  * Research methodology

The programme included satellite education programmes and clinical visits; impressive opening and closing ceremonies with national flags and international dignitaries; social events; WCPT seminars; discussion panels; networking sessions; breakfast sessions; platform and poster presentations with discussion sessions; sub group meetings; and a large exhibition hall which included sub group stands. IPTOP members hosted the stand, judged posters, chaired platform and discussion sessions, attended presentations and participated in the many social functions. Presentation and poster abstracts can be found at [www.wcpt.org/congress](http://www.wcpt.org/congress).

These vast programmes can be overwhelming, and participants need to plan their days carefully to get the most out of the conference. To ensure that IPTOP members (attending and not) got key information, we selected sessions from the programme and sought volunteers to attend and report back. Their contributions are as follows.

Monday 20 June Preconference satellite Programme
“Move It! Evidence based evaluation and treatment for back and knee pain in older persons”
Facilitated by Carol Lewis. Report by Jennifer Bottomley

IPTOP sponsored a very successful preconference course at Hogue University in Amsterdam. Dr Carole B. Lewis spoke to a packed room of physical therapists representing all 7 continents of the world. The feedback from course participants was overwhelmingly positive.

The lunchtime session was a workshop on the Toronto Charter by Jennifer Bottomley and Bhanu Ramaswamy. The Charter is a call to all countries to help make physical activity a priority for all. The Charter provides a framework for action and partnerships across multiple sectors and with communities to build healthier, active, environmentally sustainable communities (See IPTOP Newsletter 18 p12 for more detailed information)

The presentation was followed by work in groups on promotion of physical activity at a personal, local and national level. To give a flavour of the discussion, one group report follows:

Group 1 (facilitated by Amanda Squires) had representatives from Switzerland, Germany, Panama, Brazil, USA, Belgium and Australia. The group felt that at a personal level:

- Physical therapists could do much to promote physical activity for health benefit

At a local level:

- Some older people were well informed, some less so
- Funding had been secured from Rotary, Banks and other organisations
- Volunteers had been found from Churches and womens’ groups
- Activites had taken place at churches, clubs and residences
- Mixing ages (eg grandparents and grand children classes) had been found useful
- Transport was a common problem
- The economic situation was having an effect on access to, and take up of, classes
- Regularity and continuity of sessions attracted take up

At a national level

- National professional bodies should see promotion of physical activity as a priority in older as well as younger groups
- Research supports the benefits
- Governments are aware of the benefits, but inconsistent funding
- Political issues depended on the type of healthcare system: welfare systems benefit from a fitter population, private systems benefit from an unfit population
Tuesday 21 June  Breakfast session hosted by Dutch Association for Geriatric Physical Therapy

Jennifer Bottomley provided the keynote address for this meeting on: *The Future of Geriatric Physical Therapy with Global Aging*. Many IPTOP executive board members and representatives were in attendance at this breakfast gathering.

Jennifer M. Bottomley, IPTOP President with Dutch PT IPTOP representative Hans Hobbelen,

**Tuesday 21 June “Focused symposia on the development of evidence based recommendations for physical therapy diagnosis and treatment.” Report by Bhanu Ramaswamy**

The learning objectives for this session were:
1. To develop and publish evidence-based recommendations for physical therapy practice
2. To expand the international body of knowledge on clinical guideline development in physical therapy
3. To strengthen the existing network of clinical guideline developers in physical therapy by creating an international collaborative programme.

The session was organised to discuss how, with the rapid growth of the body of evidence in physiotherapy, could we best use the information?

Philip van der Wees, Ann Moore, Christopher Powers, Aimee Stewart et al (2011) have written a paper on ‘Development of clinical guidelines in physiotherapy: Perspective for international collaboration’. It has been accepted for future publication in *Physical Therapy*. As a group, they feel that clinical guidelines are important tools to improve quality in healthcare by providing evidence-based recommendations for daily practice.

**Terminology was provided:**

**Clinical practice guidelines** have been defined by Field and Lohr (1992) as: Systematically developed statements designed to help practitioners and patients make decisions about appropriate healthcare for specific circumstances.

An **Evidence note** is a summary of secondary and or primary studies related to a specific client population or condition. It is used to identify gaps in evidence; uses standardised critical appraisal tools; provides pointers for practice; ratifies our choices.

**Evidence statements** are literature reviews using a specified search strategy – focus on a specific clinical question. Benefits for professional bodies include support for practice and provide a challenge to prescriptive pronouncements. They should prevent overlap of guidelines. An example can be seen by the fact several ‘back pain’ and ‘stroke’ guidelines exist.

There are many sources of guidelines:
- Physiotherapy-specific is PEDro – [www.pedro.org.au](http://www.pedro.org.au)
- Largest database is the International Guideline Library (GIN) – [www.g-i-n.net](http://www.g-i-n.net)
- Open access publications are available on [www.jospt.org](http://www.jospt.org)

The discussion amongst the panel and audience was quite lively. Guidelines were put forward as an important way of helping to standardise (for best) practice as we all have limited resources (money and people). If we as a profession develop
our own physiotherapy-relevant guidelines, we are in control. If we don’t, people such as policy makers will develop them and this will form the basis of expected practice.

The problems arise where practice differs across the world. It was noted that in some countries, it was expected professional practice to develop guidelines (some uni-professional, and some multi-disciplinary), whilst in other countries, they were non-existent (especially if physiotherapy treatments were ‘prescribed’ by the medical staff). Not all countries fit the ‘developed’ world model, and experience challenge in terms of costs to implement guidelines, lack of access, lack of expertise, time constraints, medical influences – all make implementation difficult. Outcome measures may not be appropriate as they have to take into consideration the different economic, educational and cultural settings.

**Discussion also included the following points:**

- In complex conditions, you often require more than physiotherapy-specific guidance as multi-disciplinary teams are involved in overall condition management.
- Include people from the patient groups as well as professional organisations as it influences / brings a different perspective.
- Once guidelines are published, they are behind the time until updated. There may also be a problem if policy makers and frontline clinicians do not keep up with newer published information.
- Policy makers may use guidelines to state what physiotherapy is ‘prescribable’.
- Concerns about use only of experimental evidence with review of methods, where the content / context may be ignored. This however is often the most clinically relevant issue. Some professional bodies e.g. CSP, have developed the use of Evidence Notes such as in the SKiPP projects allowing expert commentary and opinions.

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**Tuesday 21 June---IPTOP Networking Session. Report by Amanda Squires**

Filiz Can chaired the IPTOP Networking session which was attended by over 120 physical therapists. She provided a presentation on the topics of *Health Promotion and International Standardization of Geriatric Care* and the *Future of International Classification for Functioning* related to older persons. This presentation was the basis for the subsequent lively and very interactive round table discussions.

Participants then divided into facilitated groups to discuss their active role in prevention and rehabilitation in chronic. To give a flavour of the discussion, one group report is provided:

**Group 1** (Facilitated by Amanda Squires) had participants from Australia, Argentina, Peru, Turkey, Ireland, Netherlands, Germany, US, Slovenia, Canada, Saudi, and Japan. In summary the group felt that:

- Health Promotion awareness was variable and dependent on cultural differences
- Funding was variable and vulnerable
- Evidence exists, especially about falls
- Holistic assessment is key
- Education should be lifelong and include self responsibility
- Efficiency can be improved by use of groups and assistants where appropriate
- Influencing can be through personal contacts, being pro-active, involving user pressure and use of evidence

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**Wednesday 23 June Acupuncture network session – organised by the International Acupuncture Association of Physical Therapists. Report by Bhanu Ramaswamy**

The session was set up to look at the following issues:

- is acupuncture an art or a science;
- the evidence behind acupuncture;
- whether international standards of competency are needed;
- the scope of application of acupuncture for physiotherapists;
- the current barriers to acupuncture use in the different countries;
- the future challenges for the International Acupuncture Association of Physical Therapists (IAAPT).

The session was organised into a set of discussion groups (each chaired by a committee member of the IAAPT) that considered specific questions and fed back to participants for further discussion. In some cases, no answers were provided,
and indeed the discussion prompted further unanswered questions. The group questions and main points of discussion are as follows:

1. **How do we practice evidence-based acupuncture?**
   - Broaden the evidence: research via mixed methods
   - Policy makers need to be aware of the impact of setting ‘protocols’ to fit with local policy
   - Case studies / networking for experience
   - Clinical guidance – useful when staff are newly qualified, but should not be followed rigidly like a prescription.
   - Through continuing education

2. **Where to next for the IAAPT: What are the future challenges?**
   - Current challenges relate to implementation across different countries
   - Remain as a subgroup of the WCPT, but this will depend on ideas and new blood
   - Need to be strong in the public relations department

3. **What are the current barriers to practicing acupuncture in different countries?**
   - Legislation – especially as acupuncture is an invasive technique that breaks the skin
   - Educational provision and the issue of how long it takes to gain experience
   - The name of the group may need to be reconsidered to include groups like Meridian Therapists
   - There may be unavailable standards to support good practice

4. **What is the scope of application of acupuncture for physical therapy?**
   - Need to know your different types of acupuncture, e.g. is ‘dry needling’ considered different to acupuncture?

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**Wednesday 22 June WCPT Seminar on its relationship with the World Health Organisation.**

Report by Amanda Squires.

Representatives from WCPT and WHO explained their long history of working together and the various projects that had emerged. The most recent was WCPT’s contribution to the “World Report on Disability” produced jointly between WHO and The World Bank. The report, and its shorter summary, can be downloaded from [www.who.int/disabilities](http://www.who.int/disabilities), but a very brief summery is as follows:

- More than a billion people (21.5% of world population) are estimated to have with some form of disability
- The number of people with disabilities is growing, due to population ageing and an increase in chronic conditions
- Disability goes beyond the stereotype “wheelchair user”, particularly disadvantaging women, children and those with mental or intellectual difficulties.
- Disability disproportionally affects vulnerable populations.
- Disabling barriers include policies, attitude, services, funding, accessibility, consultation, involvement, data and evidence.

The Report suggests steps for all stakeholders to create enabling environments, develop rehabilitation and support services, ensure adequate social protection, create inclusive policies and programmes and embed new and existing standards in legislation to the benefit of people with disabilities and the wider community. People with disabilities should be central to these endeavours. The vision of the authors is of an inclusive world in which we are all able to live a life of health, comfort and dignity. Readers are invited to use the evidence in the report to help the vision become a reality.
**Thursday 23 June  Seminar on the WCPT Database of experts. Report by Bhanu Ramaswamy**

The WCPT has developed a database (launched in May 2010) as they are often asked to provide a list of people with a particular interest / expertise (self-declared). It has the aim of being a valuable resource for member organisations, subgroups and regions, individual physiotherapists and international organisations seeking physical therapy expertise. Examples of requests that have been submitted to the WCPT include:

- Answers for clinical issues e.g. oncology, acupuncture
- Support for international efforts
- Research opportunities: multi-national trials
- Collaborative projects
- Networking
- Authors / reviewers

Some people may represent the WCPT for a meeting or consultation and feedback.

The Database can be found in the ‘About’ tab of the WCPT home page. Currently, around 240 people have registered to be on the database representing 22 languages. Their expertise is divided according to the tracks of the WCPT. People can search across three categories to permit cross-matching e.g. country + topic + question.

After this introduction to the Database, discussion followed, in part to answer participant questions e.g. who the database was open to; how do we maintain an up-to-date database given that people move and emails change?, but also to help the WCPT staff think about issues to better the provision. There was a lot of debate around the fact that if people could self-declare themselves as an expert the WCPT would have little control over the quality of ‘expertise’. At this point in time however, the WCPT have decided to put their trust in the people who apply to the database, and hope they do not do so purely to further personal or financial gain.

Participants requested of the WCPT team that when a person put their name on the Database, a message should be sent by WCPT to acknowledge submission, as people are currently unaware that their submission has been accepted and that they are on the Database.

A major issue was whether the Database should be open to the public, or access be restricted? Currently only Catherine Sykes and Rachel Moore of the WCPT have access, but there are charities and NGOs who require expert help for projects. They agreed to consider this issue as well as the fact that if the Database had links to other databases, such as charity databases, than physiotherapists could more easily make enquiries about a specific condition? E.g. if the enquiry is about MS in UK, then there could be a link to the MS Society, the CSP and possibly ACPIN.

The WCPT team asked participants how they could build the Database? Ideas included whether they should use a professional network like ‘Linked in’?

The session ended with participants asked to publicise the Database amongst their own networks – I intend to do this through IPTOP.

**Thursday 23 June Poster discussion session. Chair: Tom J Overend. Report by JanTessier**

Each presentation lasted 5 to 10 minutes. Afterwards, the attendees got the chance to ask the presenters specific questions about their research. A summary of the presentations follows.

1. **Beyond movement dysfunction: Human performance and the diagnostic process in Geriatric physical therapy.**
   Andrew Guiccioni, Health Services Research and Development Service, Departement of Veterans Affairs, Washington DC, USA

   **Purpose of the Study:** Using the International Classification of Function's hierarchical ordering of actions, tasks and activities as well the Institute of Medicine's emphasis on the interface between person and environment as central to optimal functioning, we propose a framework for diagnosis that develops clinical hypotheses about human performance mediated through movement. Specifically, we propose a schema to account for the complex integration of systems that permits an individual to maintain a posture, transition to other postures, or sustain safe and efficient movement to pursue and perform goal directed and personally desired tasks and activities under natural conditions.
Conclusions: Physical therapists have particular expertise in the clinical analysis of human performance by deconstructing activity limitations and in our ability to enhance human performance mediated through movement, most immediately by remediating deficits in the ability to perform actions essential to successful task completion.

Implications: The diagnostic process in contemporary geriatric physical therapy must integrate all examination findings in a way that directs treatment. By orienting toward human performance mediated through movement as a robust framework for diagnosis, we may be best positioned to select an array of interventions that promote a person's ability to sequence and execute actions, tasks, and activities to achieve goal-directed outcomes.

2. **Reliability and validity of performance measurements using trunk accelerometry during a standardized Heel-rise test in young and elderly subjects.** Stefan Schmid, Bern University of Applied Sciences, Bern, Switzerland.

**Purpose of the Study:** to evaluate the intrasession reliability and the concurrent (criterion-related) validity of trunk accelerometry with force plate measurements.

**Conclusions:** F (force) max, P (power) max and Pmean appeared to be highly reliable and valid measurement parameters for the quantification of the heel-rise test using trunk accelerometry in the elderly.

**Implications:** Trunk accelerometry can be used as a reliable and valid tool for the quantification of the heel-rise test in the elderly population. However, because of the lower absolute values, the protocol should only be used in a test-retest manner.

3. **Decline of physical performance during a period of one year at early stage of Alzheimer’s disease.** Ylva Cedervall, Uppsala University, Departement of Public Health and Caring Sciences/Geriatrics, Uppsala, Sweden.

**Purpose of the Study:** To evaluate influences on physical performance during a period of one year at early stage of Alzheimer's disease (i.e. mild AD).

**Conclusions:** The current results indicate that physical performance may deteriorate continuously, and already present during early stages of AD. This suggests an increased risk of ill health for people with mild AD. Future studies should therefore focus on possible ways to slow down physical decline by physiotherapy interventions.

**Implications:** The number of people with AD in the population is increasing and The National Board of Health and Welfare, Sweden recommend individually adjusted physical activity for them. Despite this, there are few physiotherapists who work with promotion of physical activity among people with AD. People with AD have special needs depending on cognitive impairments already at early stages, but may have a relatively good (even though declining) physical capacity. This is important to take in consideration when planning physical activities for these persons. In addition, physiotherapists should pay special attention to those with AD who are community-living on their own, as they may not have sufficient support from relatives to retain a physically active lifestyle.

4. **A five year longitudinal study highlighting the influence of physical activity levels on balance performance pre and post retirement.** Elizabeth Briant, Clinical Research Centre for Health Professions, University of Brighton, UK.

**Purpose of the Study:** The purpose of this longitudinal study was to investigate the effect of retirement and subsequent lifestyle changes on balance performance and physical activity levels over a 5 year period.

**Conclusions:** The decline in balance ability for all participants during the initial five years of retirement suggest the reported increase in physical activity levels post retirement by some individuals may have been insufficient to compensate for the loss of daily activity previously undertaken whilst in full time employment. The individuals who were less active post retirement showed a greater deterioration in balance performance (a greater increase in CoP displacement) than those who were more active during the 5 year follow up.

**Implications:** This study has highlighted the need for specific health promotional advice at the time of retirement, regarding changes in lifestyle and subsequent physical activity levels, in order to limit the deterioration in balance performance. Individuals who are physically inactive post retirement could be more susceptible to falling and losing their independence earlier in the retirement stage than those who follow a physically active lifestyle.

5. **Exercise to prevent falls in older people: updated meta-analysis of RCT's and recommendations for implementation.** Catherine Sherrington, University of Sydney, George Institute for Global Health, Sydney, Australia and University of New South Wales, Neuroscience Research Australia, Sydney, Australia.

**Purpose of the Study:** We sought to update our previous systematic review on the effect of exercise on fall rates in older people and develop recommendations for implementation of the results. We also sought to test our previous finding that
greater effects of exercise on fall rates were seen from programs which provided a greater challenge to balance, were of a higher dose and did not include a walking program.

Conclusions: Exercise as a single intervention can prevent falls. Larger fall prevention effects are seen from programs which challenge balance and provide a higher dose of exercise.

Implications: We recommend that exercise for fall prevention be ongoing, balance-challenging, undertaken for at least 2 hours per week, group and/ or home- based, targeted at the general community and those at high risk of falls.

6. Enhancing the ability of postural control analysis to differentiate between fallers and non-fallers: scaling stance width data to body size. Jaap Swanenburg, University hospital Zurich, Departement of rheumatology and Institute for Physical Medicine, Zurich, Switzerland.

Purpose of the Study: Fall events in older persons occur commonly and are major causes threatening the independence of older individuals. One individual clinical risk factor with possibly predictive power might be related to stance width because elderly fallers differ from non-fallers for this parameter (Swanenburg et al, 2010). We retrospectively analysed data from a large cross sectional study (Swanenburg et al, 2010) and applied a scaling strategy to reduce the inter-subject variation (Pierrynowski & Galea, 2001). We calculated frontal plane size from body height and stance width for fallers and non-fallers with the aim to assess the “predictive” power of this parameter for future falls.

Conclusions: Reduced inter-subject variation in postural control data through scaling increased the ability of a statistical tool to detect a difference between fallers and non-fallers and showed potential for prediction of falls. A narrower stance width resulted in a smaller frontal plane. It can be hypothesized that with a statistically significant difference between a faller and a non-faller reference group a clinician can decide if this patient’s stance width pattern deviates from the reference group and an appropriate intervention is warranted. Future prospective studies are warranted to further evaluate the effects of stance width on falls.

Implications: Determining the frontal plane in clinical practice is a simple and cheap method that might be relevant for use in preventive physical therapy practice.

Thursday 23 June Closing Ceremony and IPTOP Poster Award.

IPTOP made a special award for the best poster in the elderly care section, and this was awarded to Victoria Hood for her poster on “Biomechanical changes in stair descent with increasing age---implications for therapists”.

The conclusion of Victoria’s research was that a significant proportion of the sample of healthy adults over 60 years of age were unable to manage stair descent without a handrail, with indications that they were not effectively recruiting ankle plantar flexors in early stance, increasing the work of hip and knee extensors, with the recommendation that programmes to improve stair performance in older adults should include ankle function.
General Meeting and First Committee Meeting in Amsterdam

The IPTOP General Meeting was attended by 20 representatives from member countries and 4 non-member countries. Representatives from Canada, South Africa, Turkey, New Zealand, Iceland, Switzerland, Netherlands, Belgium, Singapore, Malta, UK and USA were in attendance. At the meeting the new Executive Committee was elected and Member Country nominations accepted. The full list of names and contact details is listed below (P 13). Minutes of the two meetings have been sent to members.

Those attending the first Committee Meeting were from Left to Right back row Jean van Hoornweder (observer from new member country, Belgium) Liz Binns (NZ), Olwen Finlay (Advising Founder member, UK), Jan Tessier (Belgian rep) , Left to Right front row: Amanda Squires (Editor), Nancy Prickett (Treasurer) Jennifer Bottomley (President and US Rep), Jill McClintock (Vice President and Secretary), Bhanu Ramaswamy (Web Manager)

National and International awards

ITOP is delighted to announce awards to its current and past presidents.

IPTOP Co-founder and past president, Olwen Finlay, was awarded the WCPT International Service Award for promoting physiotherapy care of older people around the world. It was her vision and leadership that led to the establishment of IPTOP. She supported it in its early days, mentored new leaders, encouraged IPTOP conferences to be organised in association with national events, and brought to fruition the first IPTOP congress in Ireland. She served as the first President of IPTOP and brought the organisation to recognition as a WCPT subgroup in 2003. Since stepping down as President of IPTOP, she has continued to support the international committee as the organisation evolves. Not only has Olwen given her time and expertise generously, she has also raised funds to support the development of physical therapy around the world.

Jennifer Bottomley has been awarded the Lucy Blair Service Award for her many contributions to the field of Physical Therapy by the American Physical Therapy Association, particularly leadership, committee work, and advancing the goals and vision of the profession of physical therapy. As a clinician, Jennifer has long recognised the importance and value of providing pro bono services and is active in elder homeless initiatives, including incorporating student physical therapists into the provision of pro bono services, a first for the state of Massachusetts. As a member of APTA since 1971, Jennifer has been active in the Section on Geriatrics since 1986, including as president and vice president. Jennifer has been involved with IPTOP as the US rep, Vice President and is currently President.
World Roundup

Ireland--- Chartered Physiotherapists in Neurology and Gerontology (CPNG). 200 members. Siobhan Twomey
Ireland@iptop.wcpt.org

CPNG is a clinical interest group of the Irish Society of Chartered Physiotherapists representing physiotherapists who have an interest in neurology and/or gerontology. The role is to support continuing professional development in these areas through lectures, workshops, courses, research and education bursaries as well as the provision of a discussion forum and access to physiotherapists with expertise in the areas of neurology or gerontology. CPNG also provides a supportive role for the development National Clinical Guidelines that come under the remit of Neurology/Gerontology.

At a national level, as part of the Quality and Clinical Care Directorate for Care of the Older Person, a focus group is currently developing a database of guidelines for Allied Health Professionals working with older people.

Please email cpng@iscp.ie for details of upcoming meetings

Iceland----- The association of Icelandic physical therapists working with the elderly. 65 members.  
Aðalbjörg Íris Ólafsdóttir Iceland@iptop.wcpt.org

Canada – Canadian Physiotherapy Association (CPA) Seniors’ Health Division (550 current members plus Approximately 1,400 student members) Dr. Leah Weinberg – Canada@iptop.wcpt.org

The Seniors’ Health Division of the Canadian Physiotherapy Association, is committed to fostering innovation and leadership by promoting excellence in rehabilitation for older adults and supporting initiatives to promote healthy aging by:

• Encouraging collaboration among health professionals, seniors, and communities across Canada to promote the health and well-being of older adults.
• Acquiring and making accessible educational material and encouraging the development and publication of physiotherapy research in the field of seniors health in Canada and globally.
• Collaborating with the Canadian Physiotherapy Association on issues of national importance relating to seniors health.

Finland--- GerGer – The Finnish association of geriatric physiotherapy (members 127). Jaana Törne; jaasik@gmail.com

GerGer aims to

• Link physiotherapists and physiotherapy students interested in working with older people to each other and to the Finnish Physiotherapy Association by providing the opportunity to exchange ideas and information; a newsletter twice a year; and at least one seminar per year about the rehabilitation of the elderly people. Seminars will be held in co-operation with other interest groups in geriatric rehabilitation.
• Promote the status of geriatric physiotherapy in Finland by giving statements and initiatives about the rehabilitation of elderly people when needed
• Link worldwide to exchange information with other countries

Events in 2011

On 25th of March the Finnish physiotherapy association organised a seminar where specialized physiotherapy associations could offer their members some education. GerGer had 4 lectures; 1) Testing in muscle strength- and balance training, 2) Falls, 3) Cardiovascular muscle training and 4) Muscle strength- and balance training part of the rehabilitation of the dementia daycare.

In October there was a national congress about geriatric care and rehabilitation called “The responsibility takers of the elderly care “(in finnish Vanhustyön Vastuunkantajat). The Finnish physiotherapy association is one of the organisers providing information/lectures about the functional ability of the elderly. GerGer has given help by giving lecture ideas. We shall also be there to inform about our association.
General Information

**IPTOP web page** (Contact b.ramasamy@shu.ac.uk)

We have our own web page within the WCPT website. It can be accessed direct through [http://www.iptop.wcpt.org](http://www.iptop.wcpt.org) or via the WCPT website [www.wcpt.org](http://www.wcpt.org). Each officer (e.g. president@iptop.wcpt.org) and each member organization representative (e.g. germany@iptop.wcpt.org) has an IPTOP address with mail automatically redirected to personal e-mails. These are all listed on the front page of the site. Our web page has 5 sections: contact details; about IPTOP (our leaflet); Newsletters—current and past; Meeting notes; and Conferences. Please encourage members to visit the IPTOP and WCPT websites.

Officers and member organization representatives are advised to install a Spam Catcher to block unwanted use of our IPTOP e-mail addresses.

**Resources** (Contact b.ramasamy@shu.ac.uk)

The Resource section is currently under development through the WCPT website and through the Physiopedia wiki ‘Older People / Geriatrics’ section. Bhanu has requested that members contact her if they have ideas about the sorts of things they would like to see in this section and how it might link to the sites already available and more specific to IPTOP members.

By the time the next Newsletter is ready, I will have an explanatory report about the WCPT IPTOP website and also how members can make best use of Physiopedia and help me keep it up to date.

**Photographs**

Following the difficulty we had in finding good quality and positive photographs for the banners, 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.

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

**IPTOP Conferences linked to Member Organization Conferences** (contact president@iptop.wcpt.org).

IPTOP aims to have a general meeting every other year, linking it with a member country’s own conference. To date we have had excellent joint conferences with Irish, Australian and Turkish member associations. (see the IPTOP Handbook held by country reps “Links to Member Organization Conferences” for details)

IPTOP is looking forward to presenting the 3rd National Congress of Geriatric Physical Therapy in May 2013 in Boston, Massachusetts (dates to be determined soon so that you can mark your calendars). The focus of this conference with be Active Aging… so please send suggestions for speakers, resources and content suggestions to: president@iptop.wcpt.org.

In 2015 we will link with the WCPT Conference to be held in Singapore. The date for the following General Meeting will be 2017 for which we are seeking a host member organisation.

**IPTOP Objectives** (For more information 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.
Secretary’s report (please send your comments on this item to Jill McClintock secretary@iptop.wcpt.org)

This is an exciting time for us all as we move forward as the new IPTOP Committee. Communication within a group is so important and Jennifer’s idea of regular Skype meetings will certainly help to keep us all informed and involved but can I also remind you that for my general circulation list and the points of contact I have within each country group for particular projects that this list needs to be updated at all times. So when there are changes at local level please ensure that those changes are sent to the Secretary immediately. Following a request to the General Meeting, minutes of IPTOP General Meeting (starting with Amsterdam 2011) will be circulated to country reps. Please make sure the members you represent are made aware of IPTOP business. Thanks to everyone who contributed in Amsterdam it was good to see familiar faces and to meet new colleagues. I look forward to working with you all in my new dual role!!

IPTOP research (please send your comments on this item to Jennifer Bottomley president@iptop.wcpt.org)

ACTIVE AGING...
Physical therapists are experts in exercise, providing services for a wide range of people of all ages to optimize their physical ability and obtain the highest level of physical functioning. Physical therapists prescribe exercise as part of a structured, safe, and effective program and play an important role in helping people remain active as they age. More than any other discipline, physical therapists prevent and treat chronic disease and promote ability in aging adults through specifically prescribed activity and movement.

The following are wonderful resources on the World Health Organizations website. The World Health Organization encourages good nutrition and regular physical activity for older adults, as it has been shown to improve the functional status and quality of life in this group of the population. [www.who.int/dietphysicalactivity/factsheet_olderadults/en/](http://www.who.int/dietphysicalactivity/factsheet_olderadults/en/)

The World Health Organization provides recommendations on engaging in at least 30 minutes of moderate-intensity physical activity five times per week, suggesting that screening by the individuals physician and if appropriate – a physical therapist, be pursued prior to engaging in an exercise/activity program. A source on the WHO website entitled “What is active aging?” [www.who.int/ageing/active_ageing/en/index.html](http://www.who.int/ageing/active_ageing/en/index.html) provides information and resources demonstrating the contribution of physical therapists in keeping people active as they age, particularly their role in maintaining general health, preventing and treating cardiovascular disease, and countering joint problems. A separate clinical area sheet is available providing information specific to cardiovascular disease, improving functional ability, preventing and treating non-communicable disease, improving joint health, and improving mental health.

One of the many themes in WCPT course content at the conference in Amsterdam in June 2011 focused on health promotion and healthy aging (see P 2 & 4)

CPD --International continuing professional development for physical therapists working with older people (For more information contact editor@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. It is not a clinical practice course. Participants are encouraged to share their own areas of expertise formally and informally. Each course ends with each participant presenting their action plan for a work based project which is followed up by the tutors. 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. (See IPTOP Handbook held by country reps “International continuing professional development for physical therapists working with older people” for more information).
## 2011 communication sheet (correct at November 2011)

(please contact secretary@iptop.wcpt.org regarding any changes/problems)

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**Next edition details** Copy date for the next edition is 31 January 2012. The editorial board retains editorial rights. Length for a “feature” article is 1,000 words. We welcome world news (200 words) from member countries, conference information and contributions from the Committee as relevant. Contributions should be in English language and WORD format with references in Harvard Style, any websites hyperlinked in and sent by e: mail to the editor.

We are in the process of developing an advertisement protocol and rate. In the meantime suggestions from members of potential advertisers would be welcome to Jennifer Bottomley (president@iptop.wcpt.org.)