Message from the President

Much has been happening since our gathering in Amsterdam in June 2011. Firstly IPTOP welcomes South Africa, our newest member country to our WCPT subgroup and congratulates our Vice President and Secretary—Jill McClintock on her fellowship award (P 4).

Secondly, the Executive Board has improved links and communication with each of our member countries by establishing Skype calls every two months. The Executive Board of IPTOP has met three times via Skype and has confirmed amendments to the Constitution, Job Descriptions, Policy Book and started work on a pack to assist new and current member countries in becoming oriented to IPTOP activities and responsibilities. Our website has been enhanced and is working on linking to each of our member countries websites for better communication and exchange of resources and information.

Thirdly, our next meeting is April 26 –28, 2013 in Boston (See P11).

Lastly, GeriNotes, a US publication by the Section on Geriatrics of the APTA, has agreed to link this publication to the IPTOP website and will publish an issue devoted to an International focus in Geriatric Physical Therapy in July. Please contact me if you would like to contribute to this issue. The submission deadline is April 15, 2012.

There are many challenges and many opportunities ahead for IPTOP. I look forward to interacting with each and every one of you.

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

Physical activity guidelines for older adults.

Bob Laventure

The numbers of people living to an older age is increasing worldwide. Lack of physical activity contributes to many of the chronic diseases that occur in older adults, including heart disease, stroke, diabetes mellitus, lung disease, dementia, hypertension, and cancer. Lack of physical activity, combined with poor dietary habits, has also contributed to increased obesity in this population.

In response to these trends, health departments across the world are providing specific minimum guidelines for regular physical activity for this population, or commissioning work to look at this issue. Examples include the development of the Physical Activity Guidelines for Americans; the Canadian Physical Activity Guidelines; the National Physical Activity Guidelines for Australians; and a Consensus Physical Activity Guidelines for Asian Indians to name but a few. In the summer of 2011, the four UK Chief Medical Officers followed suit and published Start Young Stay Active, which updates existing physical activity guidelines for children, young people and adults but for the first time, includes specific guidance on physical activity recommendations for older adults (65+).

So how much physical activity should our older population be doing?
The recommendations for older adults are similar across the different countries. The UK guidelines additionally include the recommended intensity of aerobic activity takes into account the older adult’s aerobic fitness; activities that maintain or increase flexibility are recommended; and balance exercises are recommended for older adults at risk of falls. In addition, older adults should have an activity plan for achieving recommended physical activity that integrates preventive and therapeutic recommendations. The promotion of physical activity in older adults should emphasize moderate-intensity aerobic activity, muscle-strengthening activity, reducing sedentary behavior, and risk management.

These guidelines offer public health evidence based recommendations for physical activity for older adults which should underpin the design of both programmes and interventions, including advice and guidance offered by professionals as well as public facing campaigns and promotional materials.

What do the guidelines say?

Guidelines as they appear in the UK Chief Medical Officers’ report:

1. Older adults who participate in any amount of physical activity gain some health benefits, including maintenance of good physical and cognitive function. Some physical activity is better than none, and more physical activity provides greater health benefits.

2. Older adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week.

3. For those who are already regularly active at moderate intensity, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous activity.

4. Older adults should also undertake physical activity to improve muscle strength on at least two days a week.

5. Older adults at risk of falls should incorporate physical activity to improve balance and co-ordination on at least two days a week.

6. All older adults should minimise the amount of time spent being sedentary (sitting) for extended periods of time.
Whilst publications are necessary, especially with such clear directives, they do present physiotherapists, and health professionals in general, with challenges.

**Challenge 1. How do we communicate these guidelines to our colleagues to enhance their understanding of physical activity priorities for older people?**

**Broad application or individual differences?**

The expert working group responsible for compiling the evidence agreed that the guidelines:

- Would be broadly applicable to people who have physical, emotional, mental and/or intellectual impairments or challenges. However specific activities may require adaptation to individual needs and abilities and safety concerns must be addressed. Environmental barriers, social oppression and psychological challenges also need to be considered.

- Are relevant to all, irrespective of gender, race or socio-economic status, but should be interpreted with consideration for individual physical and mental capabilities.

To assist in recognising the heterogeneity of the older population, the guidelines describe three groups of older adults with differing functional status and activity needs i.e. those who are already active, either through daily walking, an active job and/or engaging in regular recreational or sporting activity. This group may benefit from increasing their general activity or introducing an additional activity to improve particular aspects of fitness or function, as well as sustaining their current activity levels; those whose function is declining due to low levels of activity and too much sedentary time; who may have lost muscle strength; and/or are overweight but otherwise remain reasonably healthy. National data indicate that this makes up the larger proportion of older adults and that they have a great deal to gain in terms of reversing loss of function and preventing disease; those who are frail or have very low physical or cognitive function, perhaps as a result of chronic disease such as arthritis, dementia or very old age itself. This group requires a therapeutic approach (e.g. falls prevention programmes) as many will be in residential care.

**Challenge 2. How do we ensure that our interpretation and communication of these guidelines reflect individual needs, abilities and differences?**

**So what if anything is new?**

These guidelines focus our attention much wider than previous advice, e.g. “just thinking of 30 minutes of moderate physical activity on at least 5 days of the week”. The importance of taking part in activities that promote **strength and balance** are now given appropriate attention in these public health guidelines. We know from qualitative studies that participating in strength activities may be associated with lifting heavy weights and going to the gym or associated with risk (over-exertion, making things worse or injury). Activities that challenge balance are associated with risk or fear of falling rather than the maintenance of independence. So the way in which these guidelines are communicated will be critical to conveying positive, reassuring and motivational messages that highlight maintaining independence and mobility in later life rather than raising fears and concerns.

For the first time, the guidance also highlights the risks of **Sedentary Behaviour** and whilst research is at an early stage, this is an important step forward for increasing the effectiveness of services for older people. Even if people meet physical activity targets and they sit for prolonged periods in between, they still have a higher risk of poor health. Studies show that nursing home residents may spend as much as 80-90% of their time sitting or lying down and rehabilitation wards often only manage to provide one daily dose of mobilisation and in between the patients sit or lie down for prolonged periods.
Challenge 3. How can we ensure that communicating these guidelines to the public increases rather than decreases motivation to adopting and maintaining an active lifestyle?

Further information about this can be found in some of the resources below:

Details of the Start Young Stay Active report are available at http://www.dh.gov.uk/health/2011/07/physical-activity-guidelines/

For further information on the evidence relating to older adults and physical activity and guidance on how to interpret the CMO Guidelines go to www.bhfactive.org.uk

Further information on physical activity guidelines and older adults will be highlighted at the opening day of the 8th World Congress on Active Ageing to be held in Glasgow 13th – 17th August 2012. More for details visit www.wcaa2012.com


http://familymed.uthscsa.edu/geriatrics/reading%20resources/virtual_library/Outpatient/PAelderly10.pdf


Author

Bob Laventure works with the BHF National Centre for Physical Activity and Health at Loughborough University and is co-host to the 8th World Congress on Active Ageing to be held in Glasgow in August 2012.

National and International awards (Contact president@iptop.wcpt.org).

IPTOP is delighted to announce an award to its current secretary/vice president.

Jill McClintock has been awarded a Fellowship by the Chartered Society of Physiotherapy for her significant contribution to the advancement of the physiotherapy profession in the national and international field of older people. In the 1990s she established joint study days between the North and South of Ireland—a very significant approach at that time. Jill has also been instrumental in the development of standards and procedures, falls management, and osteoporosis. She has been Chair and Vice Chair of AGILE leading on a number of issues, including the development and publication of the Undergraduate Resource booklet, outcomes and evidence based manuals and specialty standards. Jill contributed to the development of the constitution of IPTOP, became the first IPTOP UK representative in 2003, and currently holds the position of secretary and Vice President.

Baroness Finlay, President of the CSP (pictured left) was awarded an honorary fellowship at the same ceremony. In her acceptance speech, she said that she travelled to London from her home in Wales regularly to sit in the House of Lords. On this particular day it was to attend the physiotherapy awards lunch and she reflected on why she felt so positive during the journey. She explained that the award citations she had heard during the day reflected the very special profession of which she was president. Her observation was that we “never give up” and with little recognition, treat the most vulnerable in our society, who need all the support they can get.
World Roundup (contact editor@iptop.wcpt.org)

Ireland—Chartered Physiotherapists in Neurology and Gerontology (CPNG). Grainne Walsh. (194 members). Ireland@iptop.wcpt.org

CPNG is a clinical interest group of the Irish Society of Chartered Physiotherapists. CPNG represents physiotherapists who have an interest in neurology and/or gerontology. The role is to support continuing professional development in these areas through evening 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. As part of our evening lecture series we had guest speaker Monica Busse who lectured on 'Exercise in Neurodegenerative conditions'. This was video-conferenced to three sites in Ireland. We continue to have representatives working with the group developing standardised European Parkinson’s Disease Guidelines. We are currently preparing for our annual AGM study day planned for May. We are also planning to hold an Advanced Gerontology course in June and an Intermediate-level Evidence based rehabilitation course including modules on upper limb, gait and vestibular rehabilitation to be run in March. Please email cpng@gmail.com for details of upcoming meetings.

New Zealand—Physiotherapy for the Older Adult Special Interest Group. Liz Binns (175 members). NewZealand@iptop.wcpt.org

The mission statement of our group is “To promote evidence based best practice in Physiotherapy for older adults through supporting our members with opportunities for ongoing education, sharing of clinical experience and information, the provision of resources and co-ordination of relevant professional development activities throughout New Zealand.” During 2011 a mission statement was developed, our scholarship guidelines reviewed, the webpage updated (hosted by our national body the New Zealand Society of Physiotherapists), our members surveyed to determine what they thought the group should provide and the annual study day held. We also subsidised a copy of The Australian Physiotherapy Association’s Clinical Outcome Measurement in Adult Neurological Physiotherapy book for members as a resource that could be accessed no matter where members lived in New Zealand. A discussion document was tabled to the executive committee of our national body outlining our group’s concerns regarding physiotherapy services in the residential aged care sector. This has been acknowledged as an area which needs addressing and in 2012 a focus group will begin work. In 2012 the group’s rules will be reviewed and our annual study day will be run. The group is also looking at how best we can support our colleagues affected by the earthquake in Christchurch.

Turkey—Turkish Geriatric Physiotherapy Association Filiz Can (50 members) Turkey@iptop.wcpt.org

The aims of the Association are:

To collaborate with IPTOP, WCPT and similar associations and health professionals working for geriatric care;
To promote education, clinical experience, tools, competence and research for physiotherapist in elderly care;
To collaborate with the government or governmental organizations developing new policies and regulations for the elderly; and
To educate the community about geriatrics, ageing and risk prevention.

Since the last report, the Association has met with the Turkish Health Ministry and Turkish Health Tourism Council regarding policies for older people; has provided lectures for national events; contributed/reviewed publications; and is planning the “3rd National Geriatric Physiotherapy Congress with international participants” (8-10 November 2012).
**Finland** – GerGer – The Finnish association of geriatric physiotherapy  Jaana Törne (members 132).

GerGer aims to

*link physiotherapists and physiotherapy students* interested in working with older people to each other and to the Finnish Association of Physiotherapists (FAP) 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 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.

The Finnish Association of Physiotherapists (FAP) had a General meeting in November 2011 and the top issue was to decide a new regulation concerning membership. From 2012 a registered physiotherapist can join the FAP directly (earlier it was possible only by a member organisation like GerGer). The Finnish physician society Duodecim and Finnish Academy will hold a consensus meeting at the beginning of February 2012 “towards better oldhood”. It is meant for physicians, other experts and all professions working with old people. There will be a lot of evidence based information and discussion about facts and plans for a future Selected Consensus panel will make a report of the meeting. [www.duodecim.fi](http://www.duodecim.fi)

Physiotherapy congress 2012 will be held in April 2012 (17.-18.4), Tampere [www.fysioterapia.net](http://www.fysioterapia.net) GerGer has given lecture/lecturer suggestions about geriatric physiotherapy.

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**UK AGILE** (a clinical interest group of the Chartered Society of Physiotherapy) [http://agile.csp.org.uk/](http://agile.csp.org.uk/)

Bhanu Ramaswamy (548 members) [website@iptop.wcpt.org](mailto:website@iptop.wcpt.org)

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-ordinating relevant activities regionally and nationally

In addition to the normal variety of work being undertaken for membership (details at [http://agile.csp.org.uk/projects](http://agile.csp.org.uk/projects)), AGILE are busy welcoming members of The Association of Chartered Physiotherapists in the Community (which is ceasing to operate).

The latest supplement to the Outcome Measures manual is a ‘Quality of Life measures’ CDrom detailing Rand SF-36 and EuroQOL-5D-5L. Details of products can be found at [http://agile.csp.org.uk/documents/order-form-cd-manuals](http://agile.csp.org.uk/documents/order-form-cd-manuals)

The AGILE Scotland Study day on Osteoporosis was held on 3rd March,

Details of events can be found at [http://agile.csp.org.uk/network-events](http://agile.csp.org.uk/network-events)

A series of study days focussing on Dementia are to be held at 6 venues across the UK. Advance details are on [http://agile.csp.org.uk/news/2011/12/16/agile-national-study-days-2012](http://agile.csp.org.uk/news/2011/12/16/agile-national-study-days-2012)

AGILE are official supporters of the 8th World Congress on Active Ageing from 13th – 17th August 2012 in Glasgow, Scotland. Congress, running in the Olympic Year, will highlight the latest research evidence and best practice on physical activity and active ageing. You can find out more at [http://www.wcaa2012.com/](http://www.wcaa2012.com/)

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**Japan** – an article in the UK press reported that Japan’s population is set to plummet by a third by 2060, with two out of every five people aged 65 or older. With the number of people expected to drop from 128m to about 87m, Japan’s ministers called for radical reform of tax and social security. Japan has a low birthrate and long life spans. By 2060 women are expected to live to almost 91 on average, men to over 84.

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Switzerland  Physiotherapy in Geriatrics Specialist Group (FPG, Fachgruppe Physiotherapie in der Geriatrie) Glaucia Gonçalves Mantellini (100 members) Switzerland@iptop.wcpt.org

The Physiotherapy in Geriatrics Specialist Group (FPG) was established in 1995 in order to cater for the particular needs of physiotherapy with elderly people. It operates under the Swiss Society of Gerontology (SGG/SSG). The FPG represents its specific interests within SGG-SSG and raise the awareness of its professional bodies on matters of gerontology.

Activities since last report:
- Development of an electronic newsletter with scientific articles, official reports and information in the national, European and international levels
- Development of the “geriatric physiotherapist profile concept” as an instrument which: i) promotes geriatrics in physiotherapy, ii) represents physiotherapy in interdisciplinary collaboration, iii) integrates geriatric assessments in the physiotherapy services, iv) is evidence based.
- Continuing professional development with  one or two days courses with important theme from Geriatrics and Physiotherapy
- Networking of theoretical and practical expertise, like the Geriatrics Commission from the Swiss Physiotherapy Association or the IGPTR (Physiotherapy and Rehabilitation Community Interest)

Forthcoming meetings:
Swiss Physiotherapy Congress, Geneva. 10-12 May 2012.

General Information

WCPT News-----WCPT launches glossary for the profession
WCPT is pleased to announce the launch of its glossary. Supporting the Confederation’s policies and guidelines, it has been developed to aid international interpretation and promote a global consistency in terminology. Citing the importance of having an international glossary WCPT’s President, Marilyn Moffat, says “WCPT’s glossary is the first A-Z covering professional and educational issues, rather than practice interventions. To support the development and implementation of WCPT’s policies and guidelines a clear understanding of terminology internationally is important and this glossary is designed to facilitate that and promote consistency. We’re hopeful that this will be a valuable resource for the profession and one that will continue to grow over time”. With over 170 fully referenced terms the glossary is a significant tool for WCPT’s member organisations, regions, subgroups and individual physical therapists. WCPT is encouraging the wide use of these international terms. The glossary may be accessed as:
• an A–Z online version at [www.wcpt.org/glossary-list](http://www.wcpt.org/glossary-list)
• a PDF to download at [www.wcpt.org/glossary](http://www.wcpt.org/glossary)
An annual review of this glossary will take place. Member organisations, regions and subgroups can suggest amendments and terms for inclusion in the glossary where they are internationally applicable. Please send suggestions and comments to info@wcpt.org.

For further information please contact: Mia Lockner t: +44 (0)20 7931 6465 e: info@wcpt.org
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 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.

Bhanu has started to update the IPTOP website. During the coming year, her main task is to build a Resource Page for the members for which she is in communication with the Regional and the Country representatives to help start the process. Watch this space OR email Bhanu with ideas and offers of help if you have some experience in this area - she would welcome your input.

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 Resources (Contact website@iptop.wcpt.org)

In keeping with the theme of promotion of Physical Activity (PA), the links provided in this Newsletter will enable physical therapists to access information relating to international resources; most though, deal with activity for populations across the whole age span. The newer versions however are dividing the documents into sections to deal with specific age groups or conditions.

The Toronto Charter for Physical Activity can be found as part of the resources of http://www.globalpa.org.uk/. Global Advocacy for Physical Activity (GAPA) is the advocacy Council of the International Society for Physical Activity and Health (ISPAH), with a Steering Committee to coordinate GAPA's work. You can find resources, international links and also links to other condition specific sites here.

The World Health Organization developed the "Global Recommendations on Physical Activity for Health" with the overall aim of providing national and regional level policy makers with guidance on the dose-response relationship between the frequency, duration, intensity, type and total amount of physical activity needed for the prevention of non communicable diseases (NCDs). Global Recommendations on Physical activity for Health sets recommendations that address three age groups: 5–17 years old; 18–64 years old; and 65 years old and above. You can find information at http://www.who.int/dietphysicalactivity/factsheet_recommendations/en/.

WHO also provide links to resources such as chronic diseases and health promotion. Chronic diseases include heart disease, stroke, cancer, chronic respiratory diseases and diabetes, are by far the leading cause of mortality in the world, representing 60% of all deaths. Out of the 35 million people who died from chronic disease in 2005, half were under 70 and half were women.
They call this an invisible epidemic, a cause of poverty and something that hinders the economic development of many countries. More can be found at: http://www.who.int/chr/en/index.html
As well as international resources, most countries are providing versions of guidelines that target their own populations. Examples include:

**The Canadian Physical Activity Guidelines** (Canadian Society for Exercise Physiology, 2011). Covers age bands 5 – 11; 12 – 17; 18 – 64; over 65s as well as a report also about sedentary behaviour, for which there is now evidence that this is an independent risk factor for ill health. [http://www.csep.ca/english/view.asp?x=804](http://www.csep.ca/english/view.asp?x=804)

**UK Physical Activity guidelines (Department of Health, 2011)**
A similar structure to the Canadian PA guidelines, presents new physical activity guidelines for all four UK home countries, covering early years; children and young people; adults; and older adults to ensure consistent messaging across the four countries. This report also includes information about sedentary behaviour, for which there is now evidence that this is an independent risk factor for ill health. [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127931](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127931)

**The EU Physical Activity Guidelines** were endorsed by EU Sport Ministers at their informal meeting in December 2008. They have become a policy-making tool and a source of inspiration for decision-makers in the area of health-enhancing physical activity at all levels. The Guidelines, which are very sports orientated, are available in all 23 official languages of the EU at: [http://www.eupea.com/nl/x/289/eu-physical-activity-guidelines](http://www.eupea.com/nl/x/289/eu-physical-activity-guidelines)

**Working Paper on Diet, Physical Activity and Health** (European Commission 2008). The European Platform for Action “Diet, Physical Activity and Health” was launched in 2005 to provide a common forum for interested parties at European level. Platform members have made commitments and taken action to contain or reverse the current obesity trends. Most actions focused on diet so an increased focus was placed on Physical Activity. This Working Paper summarises the main messages from the physical activity and public health scientists to the policy makers, health planners and the many platform members taking actions that can help to contain or reverse the current obesity trends. [http://ec.europa.eu/health/ph_determinants/life_style/nutrition/platform/docs/ev_20080917_wp_en.pdf](http://ec.europa.eu/health/ph_determinants/life_style/nutrition/platform/docs/ev_20080917_wp_en.pdf)

Quite a few of these documents do not give specific exercises for older people, but you can find some in the resource section at sites such as the American Council on Exercise [http://www.acefitness.org/](http://www.acefitness.org/) - The American Council on Exercise® is a nonprofit organization committed to enriching quality of life through safe and effective exercise and physical activity. They have on their site a Fitness Library [http://www.acefitness.org/exerciselibrary/](http://www.acefitness.org/exerciselibrary/) (NOT SPECIFIC TO OLDER PEOPLE). The Fit Facts for Older adults can be found on their page [http://www.acefitness.org/fitfacts/fitfacts.aspx?category=9](http://www.acefitness.org/fitfacts/fitfacts.aspx?category=9).

**IPTOP Photographs** (Contact website@iptop.wcpt.org)

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.
IPTOP research (contact president@iptop.wcpt.org)

GLOBAL RESEARCH IN ALZHEIMER’S RESEARCH—Jennifer Bottomley
The Alzheimer's Association is committed to accelerating the global effort to eliminate Alzheimer's disease. This association is the largest nonprofit funder of Alzheimer's research. They connect with scientific, academic, government and industry thought-leaders and key stakeholders worldwide and believe in the value of collaboration.

The Alzheimer’s Association is a catalyst toward the time when we will have disease-modifying treatments, preventive strategies and gold-standard care for all people affected by Alzheimer's disease around the world. The best part is that the Alzheimer’s Association funds independent investigators worldwide through their International Research Grants Program. Since awarding the first grants in 1982, the Association has grown into the largest nonprofit funder of Alzheimer's research worldwide. Over the life of the grants program, they have awarded in excess of $292 million to more than 2,000 projects.

The Alzheimer’s Association fund investigations that advance our understanding of Alzheimer's disease, identify new treatment strategies, improve care for people with dementia, optimize services for their families, and further our knowledge of brain health and disease prevention. The funding is peer reviewed by a vast international network of volunteer scientists and quality-assured by a Medical and Scientific Advisory Council, a group of distinguished professionals who represent a range of dementia research, including bench research, clinical care, community health and support services. Learn more about the guiding principles of their grant programs by linking to grants program.

It is important the physical therapist around the world become involved in Alzheimer’s related research. By demonstrating the contribution of physical therapists in keeping dementia and Alzheimer’s patients active as they age, physical therapists role in maintaining general health, preventing, treating cardiovascular disease, osteoporosis, joint problems and preventing falls, we become major players in the interventions that are imperative for maintaining the highest quality of life in our Alzheimer’s patients.

IPTOP is looking forward to presenting the 3rd National Congress of Geriatric Physical Therapy in April 2013 in Boston, Massachusetts and one of the educational tracks is on cognitive health and physical therapy intervention in the Alzheimer’s patient. IPTOP needs to play a central role in helping to steer this trend of research and intervention in this special population. Let’s stay on top of this wave….check out these other links that connect resources across disciplines, address common challenges and share new discoveries:

The Alzheimer's Association International Conference (AAIC), is the world's largest gathering of Alzheimer's researchers and professionals. This annual conference brings together thousands of professionals to share information and findings.
The Alzheimer's Association Research Roundtable is a consortium of scientists from the pharmaceutical, biotechnology, diagnostics, imaging and cognitive testing industries, and senior staff and advisors from the Association, who seek to facilitate the development and implementation of new treatments. Members meet twice yearly.

Alzheimer's & Dementia: The Journal of the Alzheimer's Association provides a single publication for the global scientific community to share its diverse knowledge.
Alzheimer's Association International Society to Advance Alzheimer's Research and Treatment (ISTAART) is the only professional society for individuals dedicated to Alzheimer's and dementia science, and fosters a continuous exchange of ideas.

IPTOP 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. 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).
**IPTOP 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).

**2013---Please Come To Boston In The Springtime…**

Mark your calendars for **Friday April 26 – Sunday April 28, 2013** and join the International Physiotherapists working with Older People - IPTOP for our conference on Healthy Aging for Women and Men Across the Lifecycle. Co-sponsored with the IOPTWH (Women’s Health Subgroup of WCPT), topics will include topics such as: Healthy Aging – An Overview of Aging Across the Life Cycle; Osteoporosis; Cognitive Health and Dementia; Incontinence in Men & Women; Nutrition and Exercise; Breast Cancer; and Active Aging. An opening reception and registration will occur the evening of Friday April 26, 2013 starting at 5:30 in a wonderful Boston museum. Saturday April 27, 2013 will be packed with educational sessions (full schedule to be published in subsequent Newsletters and on the IPTOP website) and the evening will be a gathering for cocktail and a sit-down dinner with buses providing transportation provided to and from the Museum of Science in Boston. IPTOP’s Members Meeting is scheduled for 3:30 to 5:00 (15:30-17:00) on Saturday afternoon. Sunday will be another packed day of educational programming. Ending ceremonies will conclude the conference at the end of the day. Full details to be provided in future IPTOP newsletters… so, save the dates and please come to Boston in the springtime. (contact 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 Secretary’s report** (contact Jill McClintock secretary@iptop.wcpt.org)

My job as Secretary is very dependent on your communication with me. I will continue to do my best to keep you all involved and informed in relation to IPTOP business but I really need your feedback as well. The IPTOP Exec are currently discussing other means of communication if Skype is not available but I really depend on the email links for your direct communication back to me. In order to make collective decisions we need majority input into some of the issues. With this in mind and recognising how busy everyone’s working life can be I will in future put a timescale for response on papers I am sending out, like in preparation for a Skype call. This I hope will focus the issue and when that timescale has passed I will assume if you haven’t responded you will accept the decision as discussed at the Skype call.

**IPTOP Treasurer’s Report** (contact Nancy Prickett treasurer@iptop.wcpt.org)

It is a new year and it will soon be time for dues payment for 2012. If you have a new treasurer for your country’s member organization, please let me know who the contact is by emailing me at aspenmp@voicenet.com. The good news is that we are welcoming a new member this year – South Africa has joined us!! This is the first member country from the continent of Africa. We are so happy to have you as a member of IPTOP!

If you have any questions regarding dues for IPTOP, please contact me!
# 2012 communication sheet (correct at March 2012)

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

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
<td>Jennifer Bottomley</td>
<td><a href="mailto:president@iptop.wcpt.org">president@iptop.wcpt.org</a></td>
</tr>
<tr>
<td>Vice President</td>
<td>Jill McC Clintock</td>
<td><a href="mailto:vicepresident@iptop.wcpt.org">vicepresident@iptop.wcpt.org</a></td>
</tr>
<tr>
<td>Secretary</td>
<td>Jill McC Clintock</td>
<td><a href="mailto:secretary@iptop.wcpt.org">secretary@iptop.wcpt.org</a></td>
</tr>
<tr>
<td>Treasurer</td>
<td>Nancy Prickett</td>
<td><a href="mailto:treasurer@iptop.wcpt.org">treasurer@iptop.wcpt.org</a></td>
</tr>
<tr>
<td>Newsletter Editor</td>
<td>Amanda Squires</td>
<td><a href="mailto:editor@iptop.wcpt.org">editor@iptop.wcpt.org</a></td>
</tr>
<tr>
<td>Webmanager</td>
<td>Bhanu Ramaswamy</td>
<td><a href="mailto:website@iptop.wcpt.org">website@iptop.wcpt.org</a></td>
</tr>
<tr>
<td>Europe</td>
<td>Hans Hobbelen</td>
<td><a href="mailto:europe@iptop.wcpt.org">europe@iptop.wcpt.org</a></td>
</tr>
<tr>
<td>S W Pacific</td>
<td>Liz Binns</td>
<td><a href="mailto:swpacific@iptop.wcpt.org">swpacific@iptop.wcpt.org</a></td>
</tr>
<tr>
<td>N America and Caribbean</td>
<td>Teresa Steffen</td>
<td><a href="mailto:namericaandcarribean@iptop.wcpt.org">namericaandcarribean@iptop.wcpt.org</a></td>
</tr>
<tr>
<td>South America</td>
<td>No member in this region</td>
<td></td>
</tr>
<tr>
<td>Africa</td>
<td>Awaiting Regional Representative nomination</td>
<td></td>
</tr>
</tbody>
</table>

## National representatives (correct at August 2011)

<table>
<thead>
<tr>
<th>Country</th>
<th>Primary contact</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>Shylie Mackintosh</td>
<td><a href="mailto:Australia@iptop.wcpt.org">Australia@iptop.wcpt.org</a></td>
</tr>
<tr>
<td>Malta</td>
<td>Maria Fenech</td>
<td><a href="mailto:Malta@iptop.wcpt.org">Malta@iptop.wcpt.org</a></td>
</tr>
<tr>
<td>Belgium</td>
<td>Jan Tessier</td>
<td><a href="mailto:Belgium@iptop.wcpt.org">Belgium@iptop.wcpt.org</a></td>
</tr>
<tr>
<td>Netherlands</td>
<td>Hans Hobbelen</td>
<td><a href="mailto:Netherlands@iptop.wcpt.org">Netherlands@iptop.wcpt.org</a></td>
</tr>
<tr>
<td>Bulgaria</td>
<td>Ludmila Venova</td>
<td><a href="mailto:Bulgaria@iptop.wcpt.org">Bulgaria@iptop.wcpt.org</a></td>
</tr>
<tr>
<td>New Zealand</td>
<td>Liz Binns</td>
<td><a href="mailto:NewZealand@iptop.wcpt.org">NewZealand@iptop.wcpt.org</a></td>
</tr>
<tr>
<td>Canada</td>
<td>Leah Weinberg</td>
<td><a href="mailto:Canada@iptop.wcpt.org">Canada@iptop.wcpt.org</a></td>
</tr>
<tr>
<td>Norway</td>
<td>Astrid Cecilie Engen</td>
<td><a href="mailto:Norway@iptop.wcpt.org">Norway@iptop.wcpt.org</a></td>
</tr>
<tr>
<td>Finland</td>
<td>Jaana Torne</td>
<td><a href="mailto:Finland@iptop.wcpt.org">Finland@iptop.wcpt.org</a></td>
</tr>
<tr>
<td>South Africa</td>
<td>Peta Harrison</td>
<td><a href="mailto:SouthAfrica@iptop.wcpt.org">SouthAfrica@iptop.wcpt.org</a></td>
</tr>
<tr>
<td>Germany</td>
<td>Tbc</td>
<td><a href="mailto:Germany@iptop.wcpt.org">Germany@iptop.wcpt.org</a></td>
</tr>
<tr>
<td>Switzerland</td>
<td>Glaucia Goncalves</td>
<td><a href="mailto:Switzerland@iptop.wcpt.org">Switzerland@iptop.wcpt.org</a></td>
</tr>
<tr>
<td>Greece</td>
<td>Christos Kommissopoulos</td>
<td><a href="mailto:Greece@iptop.wcpt.org">Greece@iptop.wcpt.org</a></td>
</tr>
<tr>
<td>Turkey</td>
<td>Feliz Can</td>
<td><a href="mailto:Turkey@iptop.wcpt.org">Turkey@iptop.wcpt.org</a></td>
</tr>
<tr>
<td>Iceland</td>
<td>Gudfinna.bjornsottir</td>
<td><a href="mailto:Iceland@iptop.wcpt.org">Iceland@iptop.wcpt.org</a></td>
</tr>
<tr>
<td>United Kingdom</td>
<td>Bhanu Ramaswamy</td>
<td><a href="mailto:website@iptop.wcpt.org">website@iptop.wcpt.org</a></td>
</tr>
<tr>
<td>Ireland</td>
<td>Grainne Walsh</td>
<td><a href="mailto:Ireland@iptop.wcpt.org">Ireland@iptop.wcpt.org</a></td>
</tr>
<tr>
<td>USA</td>
<td>Teresa Steffen</td>
<td><a href="mailto:USA@iptop.wcpt.org">USA@iptop.wcpt.org</a></td>
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Editor—Professor Amanda Squires (UK) (editor@iptop.wcpt.org)

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