Message from the chairman.

Dear Colleague,

Two years ago when ITPOP was first established we were aware of the challenges ahead however as we pass through the teething stage it is time to audit current progress and benchmark what we wish to achieve in the forthcoming year.

The WCPT congress in Barcelona provided the forum and the opportunity for IPTOP members to meet together and to welcome new members. During discussion and interchange of information we discovered between all our organisations, collectively a vast amount of experience and knowledge in the field of aging. The challenge is how can we use this knowledge globally?

The forth-coming conference in Dublin in May this year will provide the opportunity to discuss and help find workable solutions in one area where physiotherapists can provide effective interventions i.e. the management of falls, the consequences of which are affecting national budgets as the number of hip fractures is increasing faster than anticipated. World experts will be presenting papers which will provide the opportunity for global learning. I would encourage all members of our association to take advantage of this unique opportunity.

The new IPTOP logo design has proved very successful and has been incorporated into the IPTOP leaflets which are now an integral part of the policy manual, which is gradually being developed and should be ready for the meeting in Dublin. These leaflets are currently in wide circulation as sponsorship is being sought for the conference.

I have started to compile the agenda for the general meeting so can I remind members to contact me if there are any items they would like included. You will recall part of the constitution identified the possibility of nominating members as Honorary Fellows. I would be interested to receive information on what criteria is used by members in their special interest groups for such awards.

This week I had an interesting card informing me that IPTOP news was getting through at “world level”. The card stated “we are now teaching geriatrics in our school”. As one of the aims of our association is to promote the setting up of new groups this was encouraging news.

I would like to take this opportunity to wish all our members best wishes for 2004 and hope our association will prosper and achieve its goals.

Yours Sincerely

Olwen Finlay
Main Feature--- Iceland

Sigrun Johannsdottir

Iceland is an island in the North Atlantic ocean. It is one of the Scandinavian countries and is an associate member of the European Economic Community. The population of Iceland is approximately 290,000. The majority of the population (approx. 165,000) live in the south-west of Iceland i.e. in the capital and neighbouring towns. The remainder live in small towns and villages around the coast.

Individuals 67 years old and over, number 30,000 or about 10% of the population. It is estimated that this age group will be in the region of 19% by the year 2045. Life expectancy in Iceland is among the highest in the world. Average life expectancy at birth for females is 82.2 years and for males 78.1 years (2000-2001).

Iceland has a nationalised health care service with a single paymaster and there is equal access to the system. The system is financed by taxes with co-payments of 25 – 30% with a limit on maximum expenditure. The country is divided into health care regions, each with their own primary health care centres, some of these being run jointly with the local community hospitals. Visits to clinics, doctor’s surgery and out patient departments of the hospitals are charged for but subsidised for various groups including the elderly. Hospitalisation is free of charge.

Laws relating to the elderly (established in 1982) state that the autonomy of the elderly shall be respected. It is basic policy that the elderly should be able to stay in their own homes for as long as possible. To help make this possible a variety of subsidised services are provided for elderly citizens, tailored to the needs of each individual.

- **Home help services** such as housework, personal care (e.g. bathing, dressing), nursing, administering of medication, physiotherapy, security alarm buttons etc. depending on the needs of the individual.

- **Meals on wheels** are available for people living in their own homes or in service flats.

- **Day care centres** for elderly citizens living in their own homes. The main object is to reduce social isolation. People can go two to three times a week. Meals are included and a variety of services available e.g. hairdressing, manicure and pedicure, exercise facilities. Transportation to and from the centre is available for a small fee. A few day care centres cater especially for the needs of people with dementia.

- **Community centres** offer recreational and social activities including handicrafts, dance, courses and excursions. Hot meals are available at a reasonable price. These centres are open for a wider age group. Most of them also have a bathing service.

- **Service flats** are available for elderly citizens who need assistance to be able to stay in their homes. There is a 24 hour shift and each flat is equipped with a built-in security alarm system. Tenants have the option to buy meals and they can also partake in social activities.

- **Nursing homes.** On average 13% of the elderly live in nursing homes with two defined levels of care, unskilled and skilled. Pre-admission assessment is mandatory since 1992. The assessment is based on evaluation of the social, physical, mental and functional state of the applicant. Pension funds go towards the cost of nursing home care. A Resident Assessment Instrument (RAI) is in place and provides a good picture of the Icelandic nursing home residents.

The Association of Icelandic Physical Therapist in Geriatric Rehabilitation was established in January 1996. It is a sub-group of the Icelandic Physical Therapy Association. The aims of the Association are:

1. **Professional**
   - To establish contact with international associations working in the same field
   - To promote further education and research in the field of geriatric physiotherapy
   - To encourage education and preventive work for the elderly

2. **Social:**
   - To strengthen contact between physical therapists working with elderly people throughout the country

At present there are 60 members working in 15 establishments nationwide including hospitals, nursing homes, clinics and rehabilitation centres. There is an increased demand for physical therapist working with the elderly in Iceland and the PT is a valued member of the aged care team. An introduction to the association with aims and information was given in the previous issue of the newsletter and the association will be sending representatives to the IPTOP meeting in Dublin in May.

Sigrun Johannsdottir, Iceland Representative and Editorial Committee member
World update

All IPTOP members are invited to contribute to this section. The following were received for this edition. Please send contributions to Sigrun Johannsdottir, coordinator of this section.

Finland (please respond on this item to Tuula Ekhelm)

The Association of Gerontology and Geriatric Physiotherapy in Finland was established in November 1992 and now has 169 members. Its aims are:

- To maintain and develop the modes of actions that we already have;
- To send a leaflet to members twice a year; maintain contact with the other Finnish special interest groups and with Swedish and Norwegian associations in gerontology and geriatric physiotherapy;
- To arrange a meeting once a year to share different ideas, new information and research (e.g., results of master thesis);
- To get more appreciation into this field (also among our own profession); being actively in discussion about specialisation in geriatric physiotherapy;
- To develop and extend the co-operation with physiotherapists and other professions working with older people; nationally and internationally (IPTOP).

The important issues concerning older people in Finland are the same as in other developed countries; how to keep our increasing numbers of elderly in their own homes as long as possible, how to prevent falls and hip fractures of the elderly, how to deal with Alzheimer disease and other dementias, how to prevent osteoporosis. In our annual meetings we have had lectures and active discussions on all these topics.

Germany (please respond on this item to Christiane Röhling)

The organisation and distribution of health care in Germany is not on a national basis but in the hands of individual organisations, hospitals or physiotherapists to offer services for special groups of patients, especially for patients who cannot specify their needs. The insurance companies are interested in finding special standardised criteria to allow the costs for treatment. This means that we have to find standardised time of hospitalisation and treatment time and pathways.

The special interest group of P.T.s working with older people has 9 active members, coming from 9 different states. The goals of our German subgroup are:

- To offer an information pool for colleagues working with older people;
- To offer postgraduate courses;
- Promoting new special interest groups in different areas;
- Public relations for physiotherapy in geriatrics;
- Co-operation with other special subject groups.

Members will present on falls at Cologne, present at the Annual Meeting of the Alzheimer Organisation and at the “Medica” fair for medical topics and products with a contribution on “Treatment of pain.”

Norway (please respond on this item to Sue Maun)

The Norwegian physiotherapy organisation (NFF) is commencing a project which can help standardise postgraduate education within all special interest areas, (of which there are 14) in Norway. Probably integrating it into the formal education of the country, through the College and University system.

Currently a rather complicated pathway, with few common elements, culminates in a “specialist” title given after assessment by NFF and the committee of the respective interest group. This specialisation gives neither formal education points, automatic salary increment or official recognition. Norway is also currently in the process of reforming its education system, with the introduction of internationally accepted “bachelor” and “master” level degrees. Parallel to this exist short postgraduate courses, run by NFF, where special interest groups can influence content, according to expertise required in clinical practice.

Concerns are voiced regarding embarking on pure academic pathways, where the practical clinical expertise, necessary for working with e.g., elderly people, is not a high priority. Existing physiotherapy expertise from academia needs to combine with expertise from clinical practice. Some special interest groups have presented various ways of developing postgraduate education and, during 2004, the whole question will be under discussion in NFF’s national executive.

Various colleges and universities are now applying to set up “masters” courses with specific content for physiotherapists working with older people. A unique chance to develop a solid postgraduate education, for physiotherapists, directed towards treating older people in Norway, now exists.
Switzerland (please respond on this item to Catherine De Capitani)
The Swiss special interest group was founded in 1995. We have approximately 80 members, mostly German speaking. We represent geriatrics within the special interest group conference and participate in interdisciplinary projects and congresses. Our current projects include:
- Organising 3-4 workshops a year dealing with geriatric subjects for our members and other physical therapists.
- Developing quality standards for our members.
- Ensuring support specifically for those working in long-term care institutions.
- Development of a certification program for physical therapists working in the geriatric field.

For further information please see our homepage (in German): www.physio-geriatrie.ch

Turkey (Please respond on this item to Prof Filiz Can)
The Turkish Special Interest Group in collaboration with the Hacettepe University School of Physical Therapy and Rehabilitation has been included in the National Community Education Project. Evaluation of musculoskeletal system, activity of daily living, quality of life and environmental conditions are going to be undertaken with home visiting programs with provision of exercises, orthosis, prosthesis, wheel chairs, walking aids etc. Environmental reorganisation and education about disabilities or dysfunctions are going to be taken consideration in the program as well. Four conferences and four lectures were held in special group meetings. Physiotherapy masters students have collaborated with the group on studies on nursing homes.

U.S.A. (please respond on this item to Nancy M. Prickett)
Recent revision of the Section of Geriatrics’ mission and vision statements plus an update of the Section’s goals took place and were approved at a membership meeting held on February 6, 2004.

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

Vision - Physical therapists will be the practitioner of choice for achieving optimal physical function and mobility for the older adult.

Goals
- Promote and support autonomous physical therapist practice through professional and career development.
- Facilitate the member’s ability to identify and integrate best evidence in clinical practice.
- Positively influence the direction of APTA and external entities in addressing the needs of the older adult.
- Influence the consumer to utilize the physical therapist as the practitioner of choice to achieve optimal physical function and mobility in older adults.

The Section on Geriatrics has an internet facility with 500 active members participating. Participants are able to post inquiries and information regarding geriatrics and the practice of physical therapy. Two ‘chat’ sessions are being planned for 2004. The Section’s web site is also a well-used communication tool for members and the public. Visit the Section on Geriatrics at http://www.geriaticspt.org
General Information

**Resource base** (please send your comments on this to Martin van Gennep)

One of the advantages of the IPTOP is the opportunity to share knowledge. One way this objective can be realized is by constructing a website with links to interesting internet sites for members. If you know of some of these sites please send the complete internet address and a short description to Martin.

**Staffing Levels and other issues in residential and nursing homes**

Following discussion on this issue at the 2003 General Meeting, Annette Brown has agreed to collect, collate and distribute information from members.

**Conferences**

**IPTOP in Ireland 6-8 May 2004** (see p5 for programme detail)

Title: 1st IPTOP Conference (International Association of Physical Therapists Working with Older People) in association with CPNG and AGILE Northern Ireland.

Theme: ADVANCES IN BALANCE AND FALLS MANAGEMENT IN THE OLDER PERSON

Venue: Trinity Centre for Health Sciences, St James’s Hospital, Dublin 8, Ireland.

Time: 8.00am – 5.00pm both days

Fee: Registration Physiotherapist (member IPTOP / CPNG / AGILE) Euro 195
      Physiotherapist Non-member (IPTOP / CPNG / AGILE) & other professional Euro 225
      Undergraduate student Euro 50 / Retired Euro 100
      before March 31st 2004. Late fee Euro 50 applies after March 31st.

Call for abstracts: Closing date for abstract submission February 27th 2004

Contact: Download programme, registration form and abstract form at [www.iscp.ie](http://www.iscp.ie)

Further information from Flor J Madden, Madden Events - [flor@madden.ie](mailto:flor@madden.ie)

**IPTOP in Australia 26-28 August, 2005 Melbourne**

The National Gerontology Group of the Australian Physiotherapy Association has extended an invitation to IPTOP to combine its 2005 meeting with the biennial conference of this group.

Theme: Ageing Australia—Embracing change, promoting independence.

Enquiries can be forwarded to Annette Brown

**IPTOP 2006**—offers please to Olwen

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

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

**Treasurers report** (Please send your comments on this item to Nancy Prickett)

Yearly subscription statements will be sent out to each country's liaison to IPTOP in March 2004. If you do not receive a mailing by March 30, 2004 please contact me and let me know.

Nancy Prickett, IPTOP Treasurer, 300A Campus Drive, Mt. Holly, NJ 08060, US.

**Editorial Committee**

Editor—Professor Amanda Squires (UK), 46, Elephant Lane, London SE16 4JD UK.

Committee—Sigrun Johannsdottir (Iceland)
          Dr Paul Ogbonna (US)
          Dr Martin van Gennep (Netherlands)

**Next edition details**

Copy date for the next edition is August 2004. The editorial board retains editorial rights. Maximum length for a “feature” article is 1,000 words. In addition we would welcome short pieces of world news of 200 words from each member country, a resume of your newsletters, conference information and contributions from the Committee as relevant. Contributions should be in English language and WORD format with references in Harvard Style and either sent by e-mail or by post with disk protected for posting to Amanda Squires.
Welcome to Dublin – IPTOP Conference 2004
I am looking forward to meeting IPTOP members when you come to Dublin in May to attend your association’s conference on “Advances in Balance and Falls Management in Older People”. The Irish Society of Chartered Physiotherapists in Neurology and Gerontology (CPNG) is delighted to be co-hosting this, the first IPTOP conference, with colleagues from the Chartered Society of Physiotherapy in Northern Ireland through AGILE. I also would like to take this opportunity to congratulate you on your recent recognition as a subgroup of the World Confederation of Physical Therapy. The theme of the forthcoming conference is very much in keeping with your vision of worldwide promotion of Physiotherapeutic excellence when working with older people.

Balance and fall related injuries have serious implications for older people, their families and carers. Prevention of such injuries, combined with effective management where they do occur, is a major role for all health care professions working with older people. The conference committee has organised a comprehensive programme of presentations from international experts in the area. You will have the opportunity to hear about advances in the many and diverse aspects of the subject including research, prevention, risk assessment and management.

The programme includes a variety of social events, which provide time for relaxation and enjoyment, an important aspect of successful conferences. During your stay in Dublin I hope that you will have time and opportunities to experience what the city has to offer. Maybe you will want to stay a little longer and visit more of our country.

Esther-Mary D’Arcy, President, Irish Society of Chartered Physiotherapists

**************************************************************************************************

IPTOP 2004 Conference Programme: Advances in Balance & Falls Management in the Older Person

1st IPTOP Conference in association with the Irish Society of Chartered Physiotherapists in Neurology and Gerontology (CPNG) Ireland and AGILE Northern Ireland. May 6th – 8th 2004, Trinity Centre for Health Sciences, St James’s Hospital Dublin, Ireland.

Thursday May 6TH
3.00 – 5.00PM IPTOP Business Meeting
6.30PM Welcome Reception – The Seanad

Friday May 7TH
8.30 – 9.30 Registration / Tea & Coffee
MORNING --- Chair Ms Nancy Prickett, APTA
9.30 Opening: TBC
9.45 Life in the Iron Age - Assessment and management of falls in older people, Dr Jed Rowe, Moseley Hall Hospital, UK
10.30 Safety and falls management & prevention in the elderly, Dr Jennifer Bottomley, Massachusetts, USA
11.15 Tea & Coffee / Poster Viewing / Trade Exhibition
11.45 Balance control and vestibular function, Dr John Marsden, London, UK
12.30 Lunch / Poster Viewing / Trade Exhibition

AFTERNOON
Visit to Aras an Uachtarain - 2.00pm : 2-3 delegates from each IPTOP country represented
1.45 Managing falls in the community - Ms Eileen Moriarty, Ireland
2.30 Role of clinical nurse specialist in a falls clinic - Ms Niamh Maher & Ms Cathy Kirby, St James’s Hospital, Dublin
3.15 Tea & Coffee / Poster Viewing / Trade Exhibition
3.45 Role of the OT in falls management, Ms Tamara Tse, Community OT Service, NAHB, Dublin
4.30 Discussion

EVENING 7.30PM Pre conference dinner reception Hosted by the ISCP
8.00pm Conference Dinner - The Law Society Blackhall Place

Saturday May 8TH
8.00 – 9.00 Registration
MORNING CHAIR Dr Frances Horgan, CPNG
9.00 Cardiovascular causes & management of unexplained falls, Professor Rose-Anne Kenny, Newcastle, UK
9.45 Development of a risk assessment tool for fallers, Ms Jill McClintock, Musgrave Park Hospital, Belfast
10.15 Tea & Coffee / Poster Viewing / Trade Exhibition
10.45 When prevention isn’t enough – managing frequent falls in the older person, Dr Annette Brown, Curtin University, Australia
11.30 Selected platform presentations
12.30 Lunch / Poster Viewing / Trade Exhibition

AFTERNOON CHAIR - Ms Jill McClintock, AGILE
13.30 Exercise intervention and injury prevention - Dr Dawn Skelton, University of Manchester, UK
14.15 Footwear evaluation & falls - Dr Cathie Sherrington, University of New South Wales, Australia
15.00 Tea & Coffee
15.30 Hip protector pads - Dr Mimi Fan, St James’s Hospital, Dublin
16.15 Discussion
16.30 Closing remarks Olwen Finlay, IPTOP Chairperson