Message from the chairperson.

Dear Colleagues,

I would like to take this opportunity to send all our members Good Wishes for 2006.

2005 provided IPTOP with the opportunity to make closer links with some of our member organisations as well as exploring opportunities for other issues related to practice and service delivery.

As chairperson I joined the Special Interest Group in Turkey at their first conference for the special interest group in Izmir in the west of the country which hosted both international and national speakers. The conference was supported by Tuncer Kocaman, State Planning Department, Nevzat Dogan, President of Elderly Coordination Headquarters, Ismail Baris, General Director of Society of Social Services, Mehmet Aysoy Chairman of the National Disabled Office of the Prime Minister and Mehmet Ali Calkaya, Mayor of Balcova who hosted a delightful lunch for approximately 130 delegates following the opening ceremony.

As well as the academic programme delegates had the opportunity to visit various centres including a recently built nursing home which provides approximately 1000 places and facilitates movement within the complex dependent on fluctuating individual need.

Delegates had the opportunity to attend an excellent social programme.

The responsibility of panning this conference lay in the hands of Prof. Nuray Kirdi and Prof. Filiz Can and they are currently leading planning for their first international conference later in the year.

During November I had the opportunity to join the Gerontology Group in Melbourne, Australia at their first joint conference with the National Neurology group. This busy three day conference hosted about five hundred delegates. IPTOP used the occasion to hold a business meeting during conference (for minutes see p 8).

I wish to thank both Australia and Turkey for inviting IPTOP to join them in their National Conferences.

Olwen Finlay MBE
chair@iptop.wcpt.org

Contents
Chairperson’s message P1
Main feature--- Conference Report, Melbourne P2
World Update ---Switzerland P3
General Information:
---IPTOP web page P5
--- Living arrangements P5
--- Staffing levels P5
Treasurers Report P5
Conferences P6
CPD and Education P7
Notes of general meeting, Melbourne P8

After the Melbourne Conference Professor Filiz Can (centre) and Olwen (left) took the opportunity of meeting up with the President of WCPT Dr. Sandra Mercer Moore to maintain IPTOP’s links with WCPT and sought guidance for future plans for IPTOP and how we can maintain and strengthen our links with WCPT.
Delegates at the 2nd IPTOP Conference held in association with the Joint National Neurology and Gerontology Group Conference met in beautiful Melbourne in November 2005. The conference was the first joint venture of the Neurology and Gerontology Groups in Australia and attracted nearly 500 delegates from around Australia and throughout the world – including Turkey, Ireland, Canada, UK, USA, Singapore and New Zealand.

Alan Cassell, an actor who had recently undergone extensive physiotherapy following an accident, welcomed conference delegates. He described his experience of physiotherapy as “the process of slow miracles” and emphasised the importance of the relationship between client and physiotherapist.

The joint program covered diverse aspects of neurological and gerontological physiotherapy practice. Keynote speakers included Steven Wolf (USA) speaking on “Constraint induced movement therapy following stroke” and “Tai Chi for falls reduction in older adults”. Other speakers presented on spasticity, foot problems, balance and gait, urinary incontinence, vestibular rehabilitation and strategies for dealing with older adults with changed and challenging behaviours.

The conference showcased much current research. Speakers Olwen Finlay and Feliz Can represented IPTOP and several other delegates presented posters. Ann Read from Canada won the award for best poster for “Usual practice: Does it make a difference when delivered for 7 days a week rather than 5?”

Breakfast sessions discussed manual handling injuries amongst physiotherapists as well as the place of Bobath therapy in an evidences-based world. Many delegates commented favourably on the food and the inclusion of a sit-down lunch, which allowed for meeting colleagues and networking over the three days. Of particular interest to gerontology physiotherapists was POW, the Performing Older Women Circus Group, who entertained those at the Conference Dinner with music and acrobatics.

The conference abstracts and further information will be available shortly on the Australian Physiotherapy Association website www.physiotherapy.asn.au

IPTOP held a general meeting during the conference and this is reported on elsewhere in the newsletter. Feliz Can from Turkey presented information about the next IPTOP conference to be held in Istanbul in 2006 and delighted us with a wonderful video about her country.
Catherine De Capitani, IPTOP Representative, Switzerland

General Information
Switzerland is a federal state in Central Europe with approximately 7.4 million inhabitants, 20% of whom are foreigners. There are four national languages - German, the largest segment, spoken by about 64%, French 20%, Italian 6.5% and Romansch 0.5%. Nine percent of the population speak another language. The 4 official languages represent a population with wide range of cultural identities. Additionally, the country contains 23 cantons or "states", each with it's own government authorities. This adds to the challenge of efficient communication in policy making.

One of the benefits to the elderly population is the well developed public transportation system. Even the most remote villages are accessible by trains, trams or busses. This system enables most Swiss to remain in their homes, even when driving is no longer possible. More than 75% of those 80 years and over still live independently. An added health benefit is the tendency of people to hurry to catch the next bus or train, even though the system is well known for its frequency and punctuality!

The Elderly
The demographics in Switzerland are changing, similar to other European countries. In 2000, the percentage of people over the age of 80 was 4.1% This number is expected to almost double by the year 2050 (Wanner et al. 2005). At the same time, the birth rate is sinking. In 2035, should projections hold true, the retired population (today set at 65 years) will account for about 25% of the total population of Switzerland.

A limited income through Social Security is available to all Swiss nationals. Other sources of income are pension plans, savings and special government funds established to provide financial support where necessary. Although the incidence of poverty among the elderly is falling, inequality still exists. Several groups are at greater risk for poverty, among them the migrant community. One quarter of the foreign pensioners live in poverty. (Höpflinger F, 2001).

The elderly population can be divided into two main groups
- The first group could be called the youthful elderly, the independent active pensioners, 65-84 years old. The tendency for taking early retirement has risen in recent years.
- The second group of elderly encompasses those needing long-term or frequent care, either because of problems occurring with advanced age (those 85-90 years of age), or because dementia makes living independently a challenge.

The majority of older people wish to stay at home as long as possible (Höpflinger, Stuckelberger 1999). This is made possible by systems of community health care and home help. Additionally, in larger communities, adult day care centers exist. The communes and cantons are responsible for home care, adult day care, nursing homes with mixed populations, senior apartments, assisted living apartments (specifically for elderly with dementia and for those with mental illness). Nationally, many diverse organisations work toward improving health and living conditions for the elderly. These also offer specific aid, through counseling, workshops and activities, to maintaining independence.

Health insurance
Yearly rising costs in the obligatory (since 1996) basic health insurance constitutes approximately 4% of overall spending. For those unable to pay, extra subsidies are available. The funding for institutional living comes from patient savings, health insurance and local government subsidies. Basic health insurance must pay for a pre-defined minimum of ambulatory and hospital care. This includes physiotherapy, providing it is prescribed by a physician. Patients have a free choice of physician and physiotherapist. This leads to the ongoing argument, instigated by the health insurance companies and politicians, that incentive for cost control is lacking. Initially the health insurance law was introduced with the central idea of basic coverage for everyone, regardless of disability, age and economic resources. A new topic is currently being discussed, namely an insurance specifically for the care of the elderly. This leads to heated debates regarding the “solidarity contract between generations”. Because of the exploding costs, the next step may be the instigation of a preferred provider system, and possibly the elimination of physiotherapy from the “basic” health care package. The implications for the physiotherapy profession and for the elderly are difficult to foresee. In future a two class system of medical care - for those with financial means and for those without - may determine the availability of physiotherapy, especially in the field of long-term care and rehabilitation.
The attraction of entering the field of geriatric physiotherapy would be significantly reduced.

In institutions, physiotherapy is increasingly outsourced, complicating the problems requiring cohesive team work. There is no national or regional organised homecare system for physiotherapy. In most cases, home care is carried out by independent PT's in general practice. (Approx. 10% of those offering homecare to geriatric patients are in the special interest group).

Physiotherapy education
The initial Physiotherapy education is going through a major change. The current aim is to provide an education recognised by those European countries agreeing to the Bologna Declaration of 1999, conforming to a bachelor's degree in physiotherapy. The goals are to promote quality assurance and mobility for graduates. This will enable them to take advantage of job opportunities and continuing education programs in other European countries. The need for life-long learning is recognized and is being supported by the new educational structures. The first class is scheduled to start in the fall of 2006.

Postgraduate Gerontology programs exist on different levels. There are several private schools offering programs in Gerontology, and two University programs. To date, no specific program for physiotherapists exists. The need for education opportunities in this area is apparent.

Special Interest Group / Fachgruppe Physiotherapie in der Geriatrie FPG
The special interest group, FPG, has existed since 1995 and has approximately 80 members. Originally it was established to support and further communication among those physiotherapists working with the elderly. It has developed into a well established provider of continuing education workshops for PTs working in this field. An additional aim is to promote quality assurance among its members. The acknowledgement of geriatrics as a special field is an ongoing challenge. [www.physio-geriatrie.ch](http://www.physio-geriatrie.ch)

Catherine De Capitani, Fachgruppe Physiotherapie in der Geriatrie FPG, Switzerland
[switzerland@iptop.wcpt.org](mailto:switzerland@iptop.wcpt.org)

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**General Information**

**IPTOP web page** (please send your comments on this item to Amanda Squires (editor@iptop.wcpt.org)

We now have our own web page within the WCPT website. It can be accessed direct through www.iptop.wcpt.org or via the WCPT website www.wcpt.org. Each officer (eg chair@iptop.wcpt.org) and each member organisation representative (eg 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. Members are advised to install a Spam Catcher to block unwanted use of our IPTOP e-mail addresses.

**Living Arrangements of Older Persons Around the World ---United Nations**

Department of Economic and Social Affairs/Population Division

This study is a broad survey and analysis of older person's living arrangements for selected regions where comparable data was available for people aged 60 years or over. The aim of the study is to identify the main factors associated with either solitary living or co-habiting with family members. The regions included Africa, Asia, Europe, Latin America and the Caribbean, North America and Oceania.

The key findings of the study include:

- one out of every seven older persons (approximately 90 million people) live alone however this ratio varies, with one in four in the more developed regions compared with less than one in ten living alone in the less developed regions.
- there is a widespread trend towards independent forms of living arrangements among older persons.
- more older women than older men live alone as the women are less likely than men to be still married.
- living arrangements vary enormously from place to place, i.e. regions with higher levels of social and economic development have lower levels of co-habitation with children.

The full report is available on the web at www.un.org. The UN intends that the study will serve as a baseline for studying future trends.

**Final request ---Staffing Levels and other issues in residential and nursing homes** (please send your comments on this item to Annette Brown (australia@iptop.wcpt.org)

One of the initial projects undertaken by IPTOP in response to a member’s request is the collation of information about physiotherapy staffing levels in aged care. This project was first discussed during the Barcelona AGM in 2003 and a request for information from member countries was made at that time and again in subsequent IPTOP newsletters. To date information has been received from Sri Lanka, the UK and Australia. I would ask remaining member countries to contribute to this project by answering the following questions by email to australia@iptop.wcpt for compilation for a report to be published in a subsequent newsletter:

1. What role does physiotherapy have in long term care aged care facilities in your countries? Please include a definition of the type of overall care provided in the facility as well.
2. What are the current staffing levels for physiotherapists and aides/assistants?

Prof Annette Brown, Vice Chair, IPTOP (australia@iptop.wcpt.org)

**Treasurers Report---Nancy Prickett**

Thank you for responding with subscriptions for 2005 although a few are outstanding. Hefty bank fees are avoided for changing currency when Visa or Mastercard are used—include the number, name of card holder and expiration date when submitting for payment. Payment of subscriptions are to be made to the Section on Geriatrics, APTA. This American subgroup oversees the IPTOP account with no charge to IPTOP. Subscription fees are used for general operations of IPTOP including our web site. IPTOP officers do not receive reimbursement for travel and per diem expenses.

I will be looking to sponsors for support of our pre-conference WCPT course in 2007. Please inform me of vendors who have an international interest in the elderly medical market. I will contact them and request sponsorship.

Nancy Prickett, Treasurer

aspenmp@voicenet.com
Conferences (contributions to editor@iptop.wcpt.org)

IPTOP 2006--- Turkey Geriatric Association, National Congress. Date and venue to be confirmed.

Main subjects will include:
- Physical activity and health in ageing
- Health benefits of physical activity for older people
- Orthopaedic rehabilitation
- Prosthetics and orthotics
- Common foot problems
- Neurological treatment considerations
- Perception and cognitive problems
- Community based screening
- Cardiac and pulmonary rehabilitation
- Psychosocial aspects of ageing
- Activities of daily living
- Osteoporosis
- Falls
- Balance
- Quality of life
- Urinary problems

Call for papers---Deadline for receipt of abstracts is 20 April 2006.

For more information contact turkey@iptop.wcpt.otg.

WCPT Canada, 2007---June 2-6    www.wcpt.org/congress

Delegates can now set up an account via the website which enables them to register, book accommodation, submit an abstract and (soon) view the whole programme.

IPTOP involvement was discussed at the general meeting in Melbourne (see report). This conference gives IPTOP the opportunity to participate fully at world level.

IPTOP executive is considering preceding the conference with a course, a display stand and planning a social function.

IPTOP 2008 offers please to Olwen  chair@iptop.wcpt.org (see below “IPTOP conferences – links to Member Organisation Conferences”)

IPTOP conferences – linked to Member Organisation Conferences

IPTOP as an International organisation of Physical Therapists working with Older People encourages collaboration between its member organisation. Member organisations are from each of the World Confederation of Physical Therapists Regions except Africa, (as yet there are no special interest groups working with older people yet established) and represents member organisations at differing stages of development when working with older people. The constitution requires a four yearly meeting to be held in conjunction with the WCPT congress.

To facilitate business progress and ensure members organisations in all regions have an opportunity to cost effectively participate in the organisation, IPTOP seeks invitations from member organisations willing to collaborate with IPTOP to include a meeting within their programme so members can attend a local annual conference and an IPTOP meeting.

The Purpose of this briefing: To provide guidance to member Organisations interested in adding an international dimension to their congress by holding it in collaboration with IPTOP.

Collaboration means: Some IPTOP involvement in the programme planning; Time for an IPTOP delegate meeting; IPTOP assistance in promotion.

Organisation: The organisation, funding and profit from the national conference remain that of the organising country. However, IPTOP may be able to provide help with organisation and will negotiate in advance a pro rata share of any profit.

Benefits to Host Organisation; increased participation—international delegates attend on same basis and for the same fee as national delegates; international profile; possibility of increased national profile; opportunity for local members to expand international contacts.

Benefits to IPTOP: Expand awareness of, and increase participation in, IPTOP; facilitates progress of business; helps to build the financial resources of IPTOP; IPTOP members may be international experts. National members also have the unique opportunity to meet and share professional knowledge both formally and informally with international colleagues.

Financial issues: negotiate a pro rata organisation fee to IPTOP eg % of the delegate fee (or perhaps the international delegate fee); seek sources of funding to assist delegates from organisations that would not otherwise be represented. Any financial help that the national organisations can obtain to enable IPTOP members from organisations, which normally could not afford to sponsor a delegate within its region to attend the conference, would be much appreciated, and equitable allocation would be managed by IPTOP.

Contact Olwen Finlay (chair@iptop.wcpt.org) for more information.
**CPD and Education**

**International continuing professional development for physical therapists working with older people.**

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

1. **Aims:**
   1. To improve the healthcare of older persons by developing relevant PT attitudes, knowledge and skills
   2. To develop PT skills to influence policy both locally and nationally

2. **Objectives:**
   1. To increase awareness of and sensitivity to the process of aging and its implications
   2. To adopt realistic and professional attitudes
   3. To highlight the need for:
      a. a comprehensive approach to the care of older persons
      b. a multidisciplinary approach
      c. community oriented health services
   4. To promote the value of physical therapy services for older persons.

3. **Themes:**
   - Demography and epidemiology
   - Aging---biological, psychological, social,
   - Health services, health promotion, illness prevention, community and government support
   - Physiotherapy specific including legal and ethical issues
   - Leadership, communication, negotiation, education and training skills.

Further courses for can be arranged by IPTOP. Requesting countries should consider the following:

1. The programme is delivered in the country/region requesting it.
2. Allow 2 years set up time from IPTOP agreement to proceed. Consider pre/post WCPT/IPTOP conference.
3. Presentations will be by an international core tutor group with local academic and physiotherapy specialist tutors.
4. Educational credits may be pursued locally by the requesting country/region.
5. A local “clerk to the course” is required to liaise with the IPTOP course organiser.
6. Advertising is the responsibility of the requesting country.
7. Consider joining with another relevant profession (eg OT) to increase numbers, expertise and impact.
8. The language is English in which participants must be fluent in both understanding and speaking (a comprehensive interpretation service to be included in costs might be considered).
9. A steering group (IPTOP course leader, course clerk and representative of joining profession if relevant) agree a course plan with dates, tasks and responsibilities; adapt the course length to meet local needs although the full course is internationally recommended; revise the curriculum; select tutors; manage the course.
10. A telephone conference call with core tutors and steering group will be needed at the early planning stage.
11. Steering group will meet with core tutors preferably AT the facility 3 months prior to the event to finalise programme and participants.
12. The minimum 20/maximum 30 participants are chosen on level of experience, international (work/leisure) experience, active participation, ability to cascade knowledge, ability to influence policy makers and/or teach other physical therapists, and geographical coverage.
13. The programme should include professional and cultural visits and opening/closing by a “high level” figure.
14. Accommodation should have individual study bedrooms, restaurant, main conference room with full a/v facilities and 6 break out rooms (number dependent on course size), photocopy facilities, recreation facilities.
15. All costs (eg bullets) are born by the requesting country. Costs to participants should cover their accommodation and all meals plus apportioned full conference overheads (ie administration, tutor travel/accommodation/meals etc).
16. Grants and bursaries may be sought by the requesting country/region from eg professional bodies, government departments, charities.
17. The requesting country may wish to consider a feedback presentation at next WCPT/IPTOP conference.

Further information from IPTOP Chair, Obwen Finlay, chair@iptop.wcpt.org
Notes of the IPTOP General Meeting held in Melbourne, Australia 18 November 2006

Present
Deirdre Atkins (Australia)  Marion Fletcher (New Zealand)  Nancy Prickett (Treasurer, US)
Astrid Bergland (Norway)  Neva Grenwald (US)  Ann Read (Canada)
Felix Can (Turkey)  June Hudson (Australia)  Anna Sheppard (Australia)
Melissa Chavira (Ireland)  Kay Lester (Australia)  Helen Steinmuller (Germany)
Melanie Farlie (Australia)  Jane Louis (Australia)  Amanda Squires (Secretary/Editor, UK)
Olwen Finlay (Chair, UK)  Anne Mathews (New Zealand)

Apologies---none

Olwen opened the meeting with welcome and introductions

1. Minutes of the last meeting held in Dublin in 2004---proposed by Neva, seconded by Annette and unanimously accepted.

2. Matters arising from the minutes---none

3. Annual Report---Olwen summarised the report that is required by WCPT and which will go on the IPTOP web site.

4. Treasurers report---Nancy explained the details of the report which is in balance. It was proposed that a limited seed fund be set aside for conference support to be funded by profit, support loss and limit risk. Proposed by Neva, seconded by Annette and unanimously accepted. Thanks were expressed to the Irish Association for their contribution from the first conference, the American Association for managing the account, and Nancy for her work as treasurer.

5. Newsletter---Amanda explained how the newsletter was constructed and distributed. It was noted that as the Newsletter was the main product accessible to member associations and their members, there was a disincentive to become a member of IPTOP when it could all be accessed via our webpage. It was suggested that the newsletter be circulated electronically to members on publication as now, but put onto the web page after six months. Proposed by Neva, seconded by Melissa and unanimously accepted. Amanda reminded members that “main articles” and “world updates” were needed from all to make the newsletter work and asked for contributions to be submitted.

6. Vancouver 2007---Plans were getting underway for the WCPT conference and the following were agreed:
   6.i Poster---A high quality timeless poster to be produced. Neva agreed to undertake at nil cost.
   6.ii Stand to be shared with another WCPT SIG if possible. Olwen to pursue. Members to share manning it.
   6.iii Leaflets---Amanda and Olwen to update current and send to Canada to print out for insertion in each pack. They would also be available on our website.
   6.iv Evening reception---Olwen to investigate costs, but concerns were voiced regarding a “free” event with unlimited access, and a pay as you go evening meal was to be investigated as an alternative by Olwen.
   6.v Report to WCPT General meeting---agreed that Olwen would do, with Annette, then Nancy as deputies.
   6.vi IPTOP general meeting---this will be the “AGM” with election of representative and committee and will need an independent vote counter. Olwen suggested that a representative from WCPT should be invited to conduct the election and stay for the meeting, as Inger’s (Vice President WCPT) presence had been invaluable in Dublin.
   6.vii Pre-conference course---it was suggested that this be 1 day, cutting edge or basic, and run by the Canadian Association. Ann would take back to the Canadian Association.

7. Next IPTOP Conference---Turkey
Felix presented the CD ROM prepared to promote the conference. This will be sent to all organisations to cascade to members. It was emphasised that IPTOP should be promoted in the conference literature.

8. IPTOP link with national conferences
Based on the very different experiences of Dublin and Melbourne, it was suggested that a formal agreement should be drawn up to guide conference committees wishing to work with IPTOP. Nancy proposed that this be flexible and draw on the expertise of Dublin and Melbourne. Seconded by Anne. Olwen would progress this with Dublin and Melbourne representatives based on their different experiences.

9. AOB---Honorary Fellowship or Special Fellowship---the constitutional procedure for implementation of nomination of Honorary or Special Fellows was put in place (see attached for full text).

10. Date of next meeting--- To be confirmed by Turkey
Procedures for nomination for the award of an “Honorary Fellowship” or “Special Fellowship” to be conferred by IPTOP
Please refer to Section 5 of the Constitution

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

Honorary fellowships may be granted by the executive committee or voting representatives at a general meeting to physical therapists who have enhanced the association or have rendered valuable services to older people through unique or long term service or have merited special international recognition for their work.

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

Nominations may be made by any member of the organisation and supported by a second member organisation.

- Nominations should be submitted to any member of the Executive Committee who can forward the application to any Officer of the Association (who does not reside in the country of the nominated person).
- The member of the Executive committee in conjunction with an Officer of the Association should conduct a ballot of the membership. (This ballot should take place within thirty days of receipt of the application.
- Ballot papers will be expected to be returned by member organisations within three months of receipt of ballot paper. Any votes received after this deadline will be null and void.
- A two-thirds majority will be required before “Honorary Membership” can be conferred.
- The results of the ballot when known should be conveyed by the officer involved in the ballot to all Officers of the Association.
- The proposer will be informed of the outcome.
- A letter will be sent to the nominated person signed by two of the following Officers, Chair, Vice Chair, Treasurer or Secretary of IPTOP.
- A formal announcement would be made at the four-year general meeting coinciding with the WCPT conference.
- WCPT will be kept informed.

Officers of the Association as nominated at the general meeting in Barcelona 2003.
Chair. Olwen Finlay (UK)
Vice Chair. Annette Brown (Australia)
Treasurer. Nancy Prickett (USA)
Secretary. Amanda Squires (UK)

Executive Committee
Felix Can. (Turkey)
Jill Mc Clintock. (United Kingdom)
Tuula Ekholm. (Finland)