

The IOPTP Newsletter

Edition 19 Special Edition

Special Edition Newsletter

World Confederation for Physical Therapy

CONGRESS 2017

Cape Town

www.wcpt.org/congress

2-4 July 2017



The IOPTP was represented at the WCPT Congress in South Africa by 3 officers (Sheree York, President, Ria Nijhuis-vanderSanden, Vice President, Grace O'Malley, Treasurer) and 3 committee chairs (Barbara Connolly, Education, Hilda Mulligan, Research, Marquerithe Barree, Practice). The IOPTP hosted a booth in the exhibit hall, a networking session, and a member meeting. We all enjoyed the beautiful city and surrounding area as well as WCPT events and programming.

Our networking session focused on Clinical Outcomes Measures, Core Content for Entry-Level PT Programs, Health and Wellness, International Service, and Practice Based on the ICF-CY17. Summaries of each session follow.

We are always amazed at the passion and generous sharing of knowledge and resources when and wherever pediatric physical therapists meet. We hope that you will reach out to the officers and committee members with any questions, ideas, and resources.

Sheree York, IOPTP President



Welcome to South Africa!

Clinical Outcomes Measures

Facilitator: Sheree York, President

8 PTs from The Netherlands, Sweden, South Africa, and the US discussed various outcomes measures.

The group also discussed the purposes of clinical measures: to identify needs for skilled therapy, identify functional skills, activity and participation, quality of life, and to help determine family-centered goals.

The following tools were identified.

Development of infants and young children: prognostic/diagnostic, determining eligibility for early intervention (alphabetical order)

- Alberta Infant Motor Scales
- Baby Moves (app used in Australia)
- Battelle Developmental Inventory-2
- Bayley 3
- Harris Infant Motor Test
- Hammersmith Neonatal Neurological Examination
- Peabody Developmental Motor Scales-2
- TIMP/TIMP-SF

Functional Motor Skills

- Bruininks-Oseretsky Test-2
- GMFCS for describing levels of skills, prognosis
- Gross Motor Function Measure
- Movement ABC: preschool – 12 years
- PEDI: includes level of assistance needed
- School Function Assessment
- Sensory Performance Analysis
- Sensory Profile
- WeeFim: “rehab”, often used following traumatic injuries

Timed Movement Tests

- 6 or 12 minute walk
- Timed Up and Go
- Timed Stair Climbing

Child/Family Goal Setting, Satisfaction

- GAS: Goal Attainment Scaling
- COPM: Canadian Occupational Performance Measure
- Patient Satisfaction: various tools and surveys
- QOL-Health: Quality of Life

Electronic Medical Records were identified as a major barrier to using formal tests and measures/outcomes measures.



The beauty and power of Victoria Falls and of friendships and networking



Barbara Connolly, Education Chair & Past President, Sheree York, President, Marquerithe Barree, Practice Chair, Grace O'Malley, Treasurer

Core Curriculum: Entry-Level PT Education

Facilitator: Barbara Connolly, Education Committee Chair, Past-President

Representation from : South Africa, Italy, Portugal, Netherlands, Australia, USA

Our networking group reviewed the results from the surveys on entry level content that was received from 17 of the 23 member countries (74% return).

(1) We agreed that there appears to be consensus on the following items related to entry level content. The highlighted words were suggested to be included in the subject areas.

Normal Development: Motor (100% agree)

Normal Development: Sensory (88% agree)

Normal Development: Cardiorespiratory (71% agree)

Normal Development: Cognition (71 % agree)

Normal Development: Social / Emotional (75% agree)

Atypical Development: Motor (94% agree)

Atypical Development: Sensory (71% agree)

Atypical Development: Cardiorespiratory(71 % agree)

Atypical Development: Social/Emotional (53% agree)

Age appropriate examination techniques – Motor (94% agree)

Age appropriate examination techniques – other (65% agree)

Sensory processing, global development

Cognition, Language, Social/Emotional

Participation

Age appropriate intervention techniques – strengthening/ fitness (88% agree)

Age appropriate intervention techniques – motor development (88% agree)

Age appropriate intervention techniques – motor control (82% agree)

Age appropriate intervention techniques – motor planning (82% agree)

Age appropriate intervention techniques – cardiorespiratory

Age appropriate intervention techniques – sensory processing

Age appropriate intervention techniques – 24 hour postural care

Positioning, seating, mobility

Age appropriate intervention techniques – participation

Family Centered Care (59% agree)

Age Appropriate communication care (59% agree)

The participants in the networking group included students and new professionals as well as experienced therapists. The participants in the group felt that additional clarification needed to be made in the description of age appropriate examination techniques and age appropriate intervention techniques. The areas of fitness, health/wellness, sensory processing and age appropriate postural care were not easily noted in the topic areas and the participants suggested that these terms also be included.

(2) Our discussion centered on the following items that were agreed upon by less than half of the respondents to the survey:

Normal Development – Language (41% agree)

Atypical Development – Language (41% agree)

Atypical Development – Cognition (50% agree)

Laws and regulations related to services with disabilities/special needs (41% agree)

The participants in the discussion believed that language might not be covered in pediatric courses but might be covered in courses related to adult neurological disorders. Some of the participants stated that normal development in language might be covered in growth and development courses. However, the participants stated that physical therapists in pediatrics need to have course content in augmentative communication for children with special needs.

(3) The participants stated that the inclusion of laws and regulations in pediatric coursework was not necessary. This content may be so varied in the programs that we should not include this in our document.



IOPTP Networking Sessions

Research Collaboration

Facilitator: Hilda Mulligan (Chair, Research Committee)

Thanks for the opportunity to chair the networking session focussed on research collaboration. There were 7 attendees, from N Korea, US, Canada, Netherlands (x2), Norway and New Zealand. We shared our own research focus and projects (examples were family centered care, research methodologies, motor development in the first 1.5 years, services for children with disability, 'mild' conditions (e.g. DCD), and teaching paediatrics). Four of the attendees had just completed or were undertaking PhD studies, so this was a good networking opportunity. We also shared challenges, such as the lack of respect and understanding from colleagues outside of paediatrics or outside of physiotherapy as to why we 'do' research, and also challenges in changing to research-informed clinical practice.

We discussed what the meaning of collaborative research was and decided this could entail the research/clinical interface, international collaboration for collecting and sharing data, networking for research opportunities (such as post-docs), and discovering/sharing different ways of 'doing' things (such as using parental video to collect data for the AIMS assessment).



International Collaboration and Service

Facilitator: Donna Cech

Ten participants took part in this networking session, discussing international collaborations, services and research interests.

Main topics discussed included:

1. Global health needs and need for capacity building in:
 - providing physical therapy services to individuals in need
 - need for services in rural areas, underserved countries

- meeting durable medical equipment needs
 - some organizations exist to loan, recycle equipment in different countries
 - workshops and training on how to build cardboard (tri-wall) furniture
 - organizations like Free Wheelchairs for the World work with NGO's and third world countries
- building local workforce
- collaborations between organizations, universities may be an effective way to address this issue

2. Ways to get involved in international service

- WHO has a useful resource in do's/don'ts before you go guide – disaster management (http://www.who.int/mental_health/emergencies/IASC_guidelines.pdf?ua=1) . It appears to apply to Mental Health and Psychosocial Support, but is helpful in preparing volunteers to travel to countries that they may not be familiar with.
- It is helpful to participate with established Non-governmental Organizations (NGO's), rather than try to initiate an activity on your own
 - Provide structure/organization
 - Have studied needs of area
 - Have insights into culture
 - Understand the governmental and political resources/issues in the area being served
- Health Volunteers Overseas (HVO) is a very well developed organization that supports development of local infrastructure (PT training) across the globe
 - They are also willing to work with individuals in developing new initiatives in global community
- Consulate offices of the country in which you would like to serve are often helpful in connecting volunteers with NGOs

3. International research – How do you learn of opportunities?

- Discussed recent IOPTP survey which indicated that member countries of Australia (cerebral palsy, neuromuscular disorders, developmental coordination disorder, foetal alcohol studies and more), Ethiopia (early identification of children with disability, early referral and treatment), New Zealand (virtual reality for children with autistic spectrum disorder; care work for at risk children) and the USA (no details provided) participate in international scholarly collaborations.
- Discussion regarding types of data that might be collected; quantitative and qualitative data considerations, and research goals were discussed
- IOPTP Facebook Page might be a good place to start making connections with other members



The Cape of Good Hope

Perspectives from Members

We asked a couple of IOPTP members from South Africa to share their experience at the WCPT Congress.

I attended the IOPTP meeting and also the IOPTP networking session. The IOPTP meeting was to give feedback on the IOPTP's activities and also to look at their strategic plan going forward. The mission of the IOPTP is "in order to promote effective services for children (birth into adulthood) and their families throughout the world, the IOPTP needs to: provide professional development; disseminate current resources; develop and disseminate new resources; promote research; and provide opportunities for communication and networking for physical therapists." (taken from IOPTP strategic plan 2015-2019). A real challenge for the IOPTP is how information is getting disseminated and making sure "grass roots" paediatric clinicians are aware of the IOPTP.

The IOPTP networking session focused on group table discussions brain-storming and problem-solving some ideas and concepts -these included the core content in entry-level physical therapy education; international collaboration for service; clinical outcome measures used across the globe; international collaboration for research and practice based on the ICF model (performance and capacity).

It was wonderful to network and share experiences and ideas with physiotherapists from all over the world. It also highlighted the importance of making other paediatric therapists aware of the IOPTP and the resources that are available to us.

Written by:

Esther Geretto who attended the WCPT as a sponsored member of the SASP Pediatrics Special Interest Group and attended IOPTP and network meetings.

Atop Table Mountain



WCPT 2017 – Paediatrics presentation

I am currently a lecturer at the University of the Witwatersrand and recently attended the World Confederation for Physical Therapy Congress held in Cape Town from 2- 4 July 2017. It was the first time the congress was held on the African continent. The Congress provides therapists from across the world opportunities to connect and network, sharing research and forging relationships that could lead to collaboration opportunities. This year the Congress included Indaba sessions which evoked rich discussion on some interesting topics such as academic writing which I found thought-provoking especially as a young researcher.

I am in the process of completing my PhD in the field of paediatric HIV and had the privilege of presenting at the Rapid five platform for paediatrics along with colleagues from Hong Kong, Brazil, Canada, the Netherlands and the United States.

I shared some of the results of my PhD and the title of my talk was: “The effect of peripheral neuropathy on gross motor function in children who are infected with HIV”. The study revealed some interesting findings on the prevalence of HIV sensory neuropathy in the paediatric population and the impact this has on their general motor development. The topic was well received and evoked quite a bit of interest from local therapists, especially with regard to the fact that it does have such a huge impact on both development and learning. Also, the important role therapists play in the management of children living with HIV was emphasized.

It highlighted that therapists are not always aware of the complications of having the virus from a very young age and the importance of doing regular neurological and standardized developmental assessments. There needs to be a greater push for understanding the need for research among the international community.

In general, there was a lot of discussion after the presentations and all present engaged actively with the presenters. The World Confederation of Physical Therapy Congress 2017 was a remarkable experience of top notch scientific research the world over.

Written by:

Natalie Benjamin



**Setting sun and farewells to another fantastic learning and networking experience
with PTs from around the globe.**