Message from the Newsletter Editor – Helen Johnson

Welcome to the summer 2016 edition of IPTOP News! This issue contains some great information about Older Adult interest groups in our IPTOP member countries, and an update of IPTOP Executive activity from our President, Jennifer Bottomley.

Please join us in our growing IPTOP social media presence! Participating in the venue of your interest, whether Facebook, Twitter or LinkedIn, will allow us to expand our interactions and member engagement with more real time communications. More information is found on page 4.

Our next newsletter will be published in fall-winter 2016-17. Please send news and articles to me at: website@iptop.wcpt.org

IPTOP’s Mission Statement:

IPTOP will represent national associations of physical therapy groups working with older people. The efforts of the Association are directed towards member associations and their individual members working with older people through excellence, research, practice and clinical specialisation. The intention of the Association is to be the international resource for physical therapists working with older people. This Association will represent national associations of physical therapy groups working with older people. Older people and to be recognised as a subgroup of the World Confederation of Physical Therapists (WCPT).

IPTOP Objectives:

1. To foster co-operation between physical therapists working with older people throughout the world.
2. To encourage high standards of practice with older people by physical therapists.
3. To advance practice by communication and exchange of information.
4. To encourage scientific research and promote opportunities for the spread of knowledge of new developments in the field.
5. To assist WCPT member organizations in the development of recognized groups working with older people.
Message from the President – Jennifer Bottomley

IPTOP Must Be Futuristic & Secure to Meet New Challenges in an Aging World

Last year at IPTOP’s gathering at the WCPT Conference in Singapore I was re-elected President and afforded the honor that has been shared by only a few, to serve a second term as IPTOP’s President. After the General Member’s meeting, our newly composed Executive Board met prior to leaving Singapore, and I sensed a futuristic vigor, a sense that this Board was energetic and committed to moving IPTOP into the future, not only in the way we communicate, but in our overall Mission to advance the field of Geriatric Physical Therapy worldwide. Know that each officer serves a four-year term for IPTOP; we started that day preparing the way for the next generation of leaders, the next generation of physical therapists entering the specialty of Physical Therapy with older adults.

Immediately following WCPT last May (2015), the Executive Board started meeting, rather than on an every three month bases, on a monthly basis. And over the last two months we have been meeting every other week. The result has been amazing. We have been working diligently on a Strategic Plan and an action driven Business Plan. Our efforts not only address the immediate needs of IPTOP, but escort us safely into the future. It provides for continuity when Executive Board members complete their terms and hand the baton on to their successor. It lays down a Business Plan that is goal driven, concise, and based on IPTOP’s Mission statement and objectives. I extend my sincere thanks to all on the Executive Board, including our Patron, who have invested numerous hours into these efforts. What IPTOP has done is a reflection of a truly effective and always improving organization working to meet each challenge as it occurs and prepare for future activities.

To add to the energy and force of our movement into the future, IPTOP’s Country Representatives have also been meeting more frequently and getting more and more accomplished as a result. Almost all member country Representatives have been able to attend our SKYPE meetings and have gotten more and more involved in the day-to-day functioning of IPTOP. The representatives have been instrumental in enhancing and refining our discussion which began with the strategic planning process. Your country representatives have not settled into complacency, which could lead an organization on a downhill course. Our country leaders met to work hard, grapple with proposed changes, stepping up to the plate to assist with the tasks associated with our Finance, Communication and Research Committees. We encourage any interested in being a part of one of the committees to contact any of us on the Executive Board.

If you follow IPTOP on Facebook or Twitter, you’ll see quite a bit of activity on both of these social media resources. If you don’t follow us… you’re missing out on many important communications, conversations, and information regarding conferences and upcoming IPTOP & WCPT events. Our Newsletter & Website Editor, Helen Johnson, has done a remarkable job enhancing both. Our website is updated on a regular basis and the newsletter has become an educational as well as an informative resource to our members. See the section in this newsletter on connecting with IPTOP’s FaceBook and Twitter accounts and stay tuned for the development of our Linked-In activity in the
developmental phase. Any member interested in assisting in the Communication Committee is greatly encouraged to contact any of the Executive Board members.

One remarkable improvement in IPTOP’s efforts as a specialty subgroup in Geriatrics of WCPT is to become more closely linked to and involved with the initiatives and involvement of WCPT on the international Physical Therapy stage. Thanks to the newly elected President, Emma Stokes, IPTOP is consulted when topics and projects involve Geriatrics. We’ve been instrumental as primary authors and representation at meetings for the World Health Organization projects on Global Aging and Health Promotion. It is wonderful to have IPTOP represented at meeting on that scale. Many thanks to our country representative from Malta, Stephen Lungaro-Mifsud, for his attendance at the WHO meetings in Geneva, Switzerland. Thanks also to Hans Hobbelen. He and I drafted the documents used by WCPT in establishing WCPT’s position statement on Global Aging.

Many proposals on geriatric topics were submitted for both the Liverpool conference – the European Regional WCPT meeting in November 2016; and platform, pre- and post-conference proposals submitted for the WCPT conference to occur in Cape Town, South Africa in July 2017. Please see article in this newsletter for more information. We’d love to see you involved in conference activities and invite you to meeting and social events sponsored by IPTOP.

Many new realities exist as we move forward with IPTOP, but be assured that our Country Representatives and Executive Board are very synchronized and working together. The very concept of who we are, what we do, and how we are organized is being examined and modified to look toward what IPTOP will look like ten years down the road and beyond.

With the aging of our world, and many health care systems in transition in many countries; as attempts to meet the needs of an increasingly older population are realized, the need to continually survey IPTOP’s position and understand the need for change, which will be inevitable. It is part of our Business and Strategic Planning process. We know we cannot go backwards to another time, because the aging population will move on without us. IPTOP must maintain the leadership position and be a part of change. We need to manage the changes as they occur instead of being managed by them. IPTOP must champion the interests of Geriatric Physical Therapist who are being asked to do more with less. We must manage the changes in such a way that translates into the highest level of care in our practices. IPTOP needs to continually look to the future and stay focused on our Mission and original purpose.

Submitted by,

Jennifer M. Bottomley, PhD, MS, PT
President, International Physical Therapists working with Older People (IPTOP)
Update on IPTOP Member Countries – now 18 members

We are pleased to welcome two new member countries to the IPTOP community, bringing our total to 18 countries.

**Germany** - Arbeitsgemeinschaft Geriatrie (ZVK)

**Slovenia** - Section of Physiotherapists in Geriatry (Sekcija Za Fiziotherapeute V Geriatriji ZFS).

Special thanks to Nancy Prickett, our Treasurer, who has been diligently keeping track of countries that have sought information about membership.

If any of you know Physiotherapists in countries that are not yet members, please contact them to gather support towards their membership.

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Treasurer’s Report

**Attention all IPTOP member countries:** 2016 invoice notices for dues will be sent out in June by Treasurer Nancy Prickett. Dues for 2016 will remain at US dollar $.50 per group member. If you have changed treasurers or contact individuals since June 2015, please let Nancy know. Contact her at aspennp@verizon.net. Thank you.

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IPTOP on Social Media

- [https://www.facebook.com/iptop.wcpt](https://www.facebook.com/iptop.wcpt)
- [https://twitter.com/iptopwcpt](https://twitter.com/iptopwcpt)

**Join our IPTOP Linked In Group:**

In order to invite MCRs to our Linked In group, you need to be a member on Linked In. Once you have join Linked In please let Helen Johnson know by email so that you can then be invited to join the group. You can also search for the group and request to join via the Linked In site.

- [https://www.linkedin.com/grp/home?gid=8357958](https://www.linkedin.com/grp/home?gid=8357958)

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A message from our Patron

I feel I have been very lucky to have been involved in the initiative of setting up a WCPT subgroup that specializes in Physiotherapy with Older People.

The idea became reality in 2002 when I joined a Foundation meeting in Birmingham (UK) as the UK representative; at this time I was national Chair of Agile (the UK special interest group for Physiotherapists working with Older people). In Barcelona 2003 IPTOP was formally accepted as a Subgroup of WCPT.

I was the UK representative from 2003 until Vancouver 2007. In 2007 I took on the IPTOP Secretary post until Amsterdam 2011 when I continued with the Secretarial responsibilities and also became Vice-President of IPTOP. In May 2015 at WCPT Singapore I stepped down from both these posts and was asked to become Patron. I am incredibly proud and honoured to have been invited to be your Patron.
As a career / profession I have always known I made the right choice and with my heart totally into Physiotherapy with Older People, my association with IPTOP has given me incredible experiences and opportunities. To be able to meet and share experience with likeminded Physiotherapists around the world has indeed been a wonderful and fulfilling experience for me.

IPTOP has grown over the 14 years of my involvement, grown in its spread across the world but also grown in its wisdom.

We now have a Standards Document, a Policy book which not only gives us Job Descriptions and our Constitution but also has policies and procedures to ensure we keep a consistent approach. All of these developments are due to the hard work of the IPTOP Executive team, who endeavour to raise the profile and provide support through knowledge to the membership worldwide.

The development of sub committees within the structure allows focus on particular aspects of the subgroup but also allows growth with the organisation, bringing forward those that will be part of the Executive Committee in the future.

Our focus on research is so important to search current practice and provide best practice for the future. The current investigation of social media opening up the options for communication within and outside our group is very important.

Without doubt part of my enjoyment in my involvement with IPTOP has been the people I have met and worked with. It has been both fun and hard work at times, we sometimes forget that this is a voluntary position the paid job has to be the main focus, unless like me you have managed to escape from those pressures. Different countries, different languages, different approaches to clinical conditions, but with a common focus for the better understanding and sharing of information for the good of our older patients worldwide.

I look forward to my continued involvement with IPTOP, as your Patron and thank you for your support to me in the past in my various roles in the organisation.

Submitted by Jill McClintock FCSP.

News from AGILE, UK Chartered Physiotherapists working with older people

Our committee has been busy planning for the AGILE national conference, to be held in Newcastle in October 2016 with a focus on Dementia. Full information can be found on http://agile.csp.org.uk/network-events/agile-conference-2016-managing-dementia-allied-health-professionals-role all are welcome!

This year’s series of national study days is focused on ‘Exercise and fitness for clinical and special populations’, led by Bex Townley from Later Life Training. Each region hosts the same study day, which allows high quality CPD to be delivered closer to members. Several of the days are still to happen – see http://agile.csp.org.uk/network-events for all AGILE events.

Submitted by Janet Thomas, IPTOP Member Country Representative, UK

Website: http://agile.csp.org.uk
You cannot swim for new horizons until you have courage to lose sight of the shore.” William Faulkner

The King’s Fund, UK Conference 15 Mar 2016: Delivering integrated care for older people with frailty

Twitter was buzzing with activity from this conference this past March. Conference sessions are now available online at this link: http://www.kingsfund.org.uk/events

Highlights included:
1) Implementing the electronic frailty index – case studies from the NHS front line.
2) How new models of care can help support older people with frailty – Helen Lyndon
3) Older people in acute care improvement programme (OPAC) – Karen Goudie
4) Proactive care for older people with frailty – Dr. Sunil Hindocha
5) Ensuring health and wellbeing in older people who are living with frailty
6) Providing care for frail older people living with long-term conditions or comorbidities
7) Working together to provide integrated health and social care for older people with frailty
8) Improving acute care and discharge planning for older people with frailty in the Netherlands

World PT Day: Add life to years

World Physical Therapy falls on September 8th each year. The toolkit and new materials for World Physical Therapy Day 2016 will be launched in the next month.

With a focus on “Healthy/Active Ageing”, the theme for 2016 will be “Add life to years”, highlighting the role physical therapists have in helping people maintain mobility, independence and quality of life as they age. The toolkit will include posters, an infographic, flyers, stickers, as well as images and graphics for member organisations and individuals to promote the day via social media. The toolkit will be available in English, French and Spanish.
News from the Netherlands – Dutch Journal for Geriatric PT celebrates 40 years

This past January a jubilee edition of the Dutch Association Journal was published to celebrate our 40 years of operation. We decided to make a permanent name change with this edition. The former name was ‘Physical Therapy and Elderly Care’, but is now changed in ‘The Dutch Journal of Geriatric Physical Therapy’. This new name will contribute to our objective to make the public more informed about geriatric physical therapists.

One of the board members of the NVFG, Nienke de Vries, recently finished her research about the Coach2Move strategy. We find her results very useful to support the effectiveness of the geriatric physical therapist. The strategy is a personalized physical therapy intervention for the treatment of frail elderly with mobility problems aiming to increase physical activity. The key elements of the approach include:
1) Exploring the question for help and the barriers and facilitators (physical, social and environmental) in relation to physical activity by using motivational interviewing techniques in a comprehensive intake;
2) Setting priorities in physical therapy diagnosis and treatment by using the HOAC-II;
3) Using appropriate measurement instruments in the diagnostic phase but also in the evaluation of the intervention and as feedback instrument for the patient and therapist;
4) Shared decision-making on meaningful treatment goals;
5) Coaching on self- management and self-efficacy to increase long term results;
6) Focus on meaningful activities at home with help from family, friends, professionals and/or (walking) aids;
7) Stratified intervention by using three patient- centered intervention profiles with a predefined number of intervention sessions.

The Coach2Move strategy was tested in a Randomized Controlled Trial (RCT) comparing the Coach2Move strategy given by a physiotherapist specializing in geriatrics with usual care physiotherapy. We found a statistically significant difference in moderate intensity physical activity and frailty in favor of the Coach2Move group. In addition, the Coach2Move group showed significantly greater healthcare savings. The Coach2Move strategy was concluded to be a cost-effective and safe intervention to reduce physical inactivity in frail older adults.

Submitted by
Laura den Boeft, IPTOP Member Country Representative, Netherlands
News from Physiotherapy New Zealand – Older Adults

Much work is underway in preparation for our national conference:

**16-18 September, 2016**
Physiotherapy New Zealand Conference
Auckland, NZ

Submitted by
Liz Binns, IPTOP Member Country Representative, New Zealand

News from Seniors Health Division, Canada

The Canadian Physiotherapy Association national Congress was held May 26-29, 2016 in beautiful Victoria, British Columbia. Numerous sessions in the program entailed presentations on topics in older adult health.

Our opening plenary session was given by **Dr. Ewa Roos**, (Professor and Head of Research Unit for Musculoskeletal Function and Physiotherapy at University of Southern Denmark), entitled **The Importance of Exercise: Overcome Pain, Increase Physical Activity and Improve Health**.

Improving physical activity is an essential component for promoting healthy aging. Exercise is a lifestyle intervention beneficial for many chronic conditions. However pain is the most common barrier in the elderly for increasing physical activity, with knee pain being the most common type of musculoskeletal pain. Paradoxically exercise can actually relieve pain.

Dr. Roos showed how exercise fits into the treatment tool box, compares to surgery, has long-term effects, and, when prescribed for knee and hip pain, actually helps not only relieve pain but also positively affect risk factors for cardiovascular disease and diabetes. Her talk included discussion of neuromuscular exercise and recent evidence including results from her **Good Life with Osteoarthritis in Denmark (GLA:D)** project.

An English language summary of the GLA:D is available at: [https://www.glaid.dk/pdf/English%20Summary%20annual%20report%202014%20GLAD.pdf](https://www.glaid.dk/pdf/English%20Summary%20annual%20report%202014%20GLAD.pdf)

Our CPA Seniors Health Division held a one-day post Congress course, entitled **Principles of Assessment and Management of Pain in the Older Adult**. With this content now developed, we will be hosting the course in additional locations in Canada in the coming months.

A newsletter article written for the CPA Pain Science Division on this topic is re-printed at the end of this newsletter (see page 13-14).

Submitted by
Helen Johnson, Canada

CPA SHD website: [https://www.physiotherapy.ca/Divisions/Seniors-Health](https://www.physiotherapy.ca/Divisions/Seniors-Health)
News from Switzerland – Geriatric Symposium and International Summer School programs

Our Institute of Physiotherapy at the Zurich University of Applied Sciences (ZHAW) is the largest teaching and research institution for physiotherapy in Switzerland.

Symposium Geriatrische Physiotherapie
Neue Wege in der geriatrischen Physiotherapie – adäquate Reize im Alter
Our summer Geriatric Symposium is scheduled for August 27, 2016: New approaches in geriatric Physical therapy – ensuring adequate intensity for the aged
Members of the FPG (Fachgruppe Physiotherapie in der Geriatrie - our national Specialist group) were involved in the planning.
A link to the program and registration information is found at: https://www.zhaw.ch/storage/gesundheit/institut-zentren/ipt/pdf/1601_Physiotherapie_Symposium_Geriatr-Physio_A5_v07_Web-ES.pdf

International Summer School programs in physiotherapy will be held September 5-9, 2016. Teaching will be in both English and German. We are proud to be hosting the following guest faculty:

Ingrid Demmelmaier, PhD, RPT, Assistant professor at the division of physiotherapy, Department of Neurobiology, Care Sciences and Society; Karolinska Institutet, Huddinge, Sweden; Researcher at Department of Neuroscience, Physiotherapy; Researcher at Department of Public Health and Caring Sciences, lifestyle and rehabilitation in long term illness; Uppsala University, Sweden.

Prof. Karin Niedermann, PhD, MPH, PT, Professorin für Physiotherapieforschung; Studiengalenterin Master of Science in Physiotherapie; Forscherin am Institut für Physiotherapie mit den Schwerpunkten Bewegung und Bewegungsförderung im Alter sowie Patientenedukation und Verhaltensänderung; Institut für Physiotherapie, Departement Gesundheit, ZHAW

Prof. Marilyn Moffat, PhD, PT, Professor of Physical Therapy; Director of the professional doctoral program (DPT) and the post-professional graduate masters’ degree program in pathokinesiology; Steinhardt, New York University, New York, U.S.A.; Past president of the World Confederation for Physical Therapy.

Further information can be found at: https://www.zhaw.ch/storage/gesundheit/institut-zentren/ipt/pdf/1603_ZHAW_Physio_SummerSchool_v04_Web-ES.pdf

Submitted by Christine Frey-Widmer
Mark your Calendars – Upcoming Conferences / Events

A list of upcoming important WCPT events is available at www.wcpt.org/ under the banner “News & Events”. Here are a few notable events:

**November 11-12, 2016:**

4th European Congress of the European Region of the World Confederation for Physical Therapy (ER-WCPT), Liverpool, UK

Web: www.liverpool2016.com

More information on the congress can be found on the dedicated website www.liverpool2016.com

IPTOP is planning a presence in Liverpool, with a display booth and other opportunities.

An IPTOP members social event has been organized on November 10, 2016, 7:30 PM: an evening of dinner and conversation at Olive Restaurant and Bar, followed by a Beatles tribute band playing at the Cavern Club. Please RSVP with Janet Thomas as soon as possible if you are able to attend: Janet Thomas <United.Kingdom@iptop.wcpt.org>

**June 28 – July 1, 2016**

World Congress on Active Ageing (WCAA)
Melbourne, Australia

**Rehabexpo Shanghai**

Hosted by China Association of Assistive Products, Rehabexpo Shanghai 2016 will be held on **September 23rd-25th**, at Shanghai World Expo Exhibition & Convention Center. This is the leading expo showcasing assistive products, prosthetics & orthotics, rehabilitation equipments in China, and is expected to host a 11,000 square meter exhibition area, 5,000 square meter forum area, 350 exhibitors and 30,000 visitors from home and abroad. It is dedicated to be one of the most influential and the largest rehabilitation trade fairs in Asia.

The International Rehabilitation Shanghai Forum (IRSF), a related academic conference will be held in the same period, which includes more than 60 parallel sessions of various topic areas.

More information can be found at: http://eventegg.com/rehab-expo-shanghai/
American Physical Therapy Association, Academy of Geriatric Physical Therapy – find a comprehensive listing of upcoming events and courses at: http://www.geriatricspt.org/events

WCPT Congress 2017 – Cape Town, South Africa

Planning is already well underway for WCPT 2017, which will be held July 2-4, 2017 in Cape Town. IPTOP is working hard to have a visible presence and educational content focused on older adults. Please note these upcoming timelines:

The call for abstracts will open in June 2016 and close in October 2016. Registration will open in September 2016. Stay up to date by following updates on the website at:

http://www.wcpt.org/congress

IPTOP Executive Committee 2015

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**Patron:** Jill McClintock, FCSP
United Kingdom
IPTOP Member Country Representatives

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<td><strong>Australia</strong>&lt;br&gt;Stephanie Fu</td>
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Unique Considerations for Management of Pain in the Older Adult

Helen Johnson, BScPT, MSc, Clinical Specialist, Seniors Health; Rehabilitation Lead, Erie St. Clair Local Health Integration Network, Chatham, ON, Canada

Eric Thériault, BScPT, Master of Manipulative Therapy, CAFCI, FCAMPT; Physiotherapist, Specialized Geriatric Services, The Ottawa Hospital, Ottawa, ON, Canada

It is well known that older adults are the fastest growing segment of Canada’s population. As individuals age, the prevalence of many chronic conditions increase, and are often interpreted as a normal part of aging. Pain syndromes are among the most common conditions in older adults, who may experience acute and/or persistent pain, which is typically under-recognized and undertreated. Pain affects quality of life, functional abilities and threatens the capacity of individuals to continue to live independently in the community. Physiological changes of aging can result in atypical presentations of pain, and affect response to analgesic medications and other typical treatment strategies. The complexity of pain in older adults requires a multi-faceted approach to assessment and management.

Physiotherapists are experiencing increasing demands in their roles as health care providers for the growing proportion of older adults in Canada’s population. Effective treatment and strategies to regain or maintain independence continue to grow in importance in all areas of physiotherapy practice, especially in the field of older adult health. Assessment and management of pain is a fundamental aspect of physiotherapy practice. As older adults comprise the largest proportions of clients in most physiotherapy practice settings now and in the future, developing specialized knowledge and skills in pain management in this patient population is vital to achieving effective outcomes.

A case study

Jennie is a 74-year-old widowed lady living alone in her apartment. Although she has been slowing down in the past year; she remains independent with her basic and instrumental activities of daily living: she drives, does her banking, shopping, and cooking, and all of her self-care. She has two daughters in the area who visit her weekly.

In the past year, Jennie has noted some challenges with bathing due to the osteoarthritis in her shoulders – noticing trouble reaching her hands around to wash her back, and up to wash her hair. She also has frequent pain in her right hip, especially after sitting for a while. She has vision impairment due to a cataract in her left eye, for which she is awaiting surgery. Two weeks ago, she had a fall in the parking lot, and struck her head on the pavement. She was in hospital for ten days to monitor her subdural hematoma, which stabilized and did not require surgery. She has had no reported or observed changes in cognitive functioning. She is referred for home care physiotherapy with the stated goals of “return to independent function” and “improved safety and reduced fall risk”.

The community physiotherapist visits Jennie for her initial assessment and treatment plan. The hospital physiotherapist had prescribed a rental rollator walker, and Jennie is managing to walk slowly with it from room to room. She has Meals on Wheels delivering food, which she splits between lunch and supper. Past medical history provided with the referral notes includes: osteoarthritis, carpal tunnel syndrome, hypertension, dyslipidaemia, hypothyroidism and osteoporosis. She was also recently diagnosed with early Parkinson’s disease (PD). Her medication list includes: Lipitor for cholesterol, hydrochlorothiazide and atenolol for blood pressure, synthroid, acetaminophen, Calcium and Vitamin D, and Sinemet for her PD.

On assessment she is observed to have some difficulties with sit to stand transfers, needing her arms to push up to stand. Her gait pattern is somewhat slow and shuffling. On stance phase, significant pronation of her right foot is noted, translating to valgus position of the right knee, and internal rotation of her hip. She is wearing slippers, and reports she has prescribed orthotics for her shoes but she only wears them when she goes out.

She is complaining of pain in her mid and low back, right hip, thighs and lower legs, and her right shoulder and wrist. She rates her back pain as 4/10, her hip and leg pain at 7/10 and her shoulder and wrist pain at 8/10 on the Visual Analogue Scale. She described difficulty pouring hot water from her kettle to make tea, due to her wrist and shoulder pain. She reports she only takes her acetaminophen in the morning and at bedtime, because she feels she has “too many pills”. She has some trouble sleeping at night as she wakes between 4 and 5 am due to her back pain.

Her community physiotherapist had the following recommendations for Jennie:

1) She should take her pain medications (acetaminophen) as prescribed, rather than only twice daily, to ensure a steady amount

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1 Health Care in Canada, 2011. A focus on seniors and aging. Canadian Institute of Health Information.
in her system for optimal relief. Acetaminophen is considered one of the safest medications for older adults with a maximum daily dose of 4 g (4000 mg) for adults. However, recently a daily dose of 3 g (3000 mg) is often recommended for fraile seniors due to concerns of hepatic function, low body weight, and other factors. If she continues to have pain following this approach, she should speak with her physician for other options.

2) She should wear her orthotics and walking shoes all day, even if she is not going outside. The support provided will improve postural alignment reducing strain, i.e. reduce the pronation of her foot, providing improved stability for her balance and gait, and reduce the stresses on her knee, hip and lower back.

3) To reduce strain on her wrist and shoulder, she was shown an alternate way of pouring hot water from her kettle: place her cup into the sink, slide her kettle across the counter to the edge of the sink, and then she only has to tilt the kettle to pour, rather than lift the weight of the kettle. Or alternatively to warm up the water in the microwave. She was also recommended to reorganize her shelves and cupboards by placing frequently used items at below shoulder level to reduce cumulative strain during the day. She will also ask her daughters or the hairdresser to wash and fix her hair twice weekly.

4) As she is demonstrating lower extremity weakness and difficulty with sit to stand transfers, she was prescribed sit to stand exercises, starting from the edge of her bed, which is higher than her kitchen chair or sofa. With this higher surface, she is able to use her floor to ceiling pole for minimal balance support, and able to work eccentrically from stand to sit, without her hands to assist. Jennie also obtained a raised toilet seat with arms for her toilet.

5) It is known that statin medications such as Lipitor can be associated with muscle symptoms, or myalgia, including cramping, weakness and fatigue, reported in up to 18% of patients. Reviewing the history of her thigh and leg pain, and monitoring the effects of her strengthening exercises, may require discussion of this as a possibility with her primary care provider if pain persists.

6) Generalized myalgias are often felt by PD patients. In a study of pain in PD, Bieske et al found that pain was reported by 83% of patients. Compared to the general population, PD patients “experienced significantly more pain as measured by SF-36 Bodily Pain Scale. Fifty-three percent of the patients reported one, 24% reported two and 5% reported three pain types. Musculoskeletal pain was reported by 70%, dystonic pain by 40%, radicular-neuropathic pain by 20% and central neuropathic pain by 10%.”

Exercise interventions are advocated for patients with PD. Further studies are needed to identify the exact or multiple neurophysiological mechanisms implicated in pain modulation in this patient population. Exercise prescription should be done taking into account severity, type, and patient response to exercise. Generalized aerobic exercise is known to have an overall positive effect due to activation of the opioid system, and potentially due to suppression of inflammation. Over the course of her home care visits, Jennie was guided to gradually progress her walking outside of her apartment, utilizing the hallways, and progressing to outside the building. Other exercises were added for her PD to enhance bed mobility, transfers and balance for fall prevention, once she was able to tolerate increased activity.

Older adults will present frequently with pain in all care settings ranging from hospital, community, and long term care homes. This case study illustrates some common and complex presentations of pain in older adults for consideration by physiotherapists. Misconceptions about pain in older adults, such that pain is a normal part of aging, that sensitivity to pain is reduced, or that patients will always complain if they have pain, can create barriers to effective assessment and treatment, and negatively affect independence and quality of life. Approaches to identify and evaluate pain using valid and reliable assessment tools can differ in cognitively intact vs cognitively impaired older adults. Physiotherapists and all health care providers need to develop skills in this regard.

Further, management of pain with analgesic medications (prescribed and over the counter) can be complicated by interactions with other prescriptions, adverse side effects or altered tolerance due to hepatic or renal impairment. Interdisciplinary team collaboration can be vital to achieve optimal outcomes in pain management for older adults. As physiotherapists, we can prescribe and tailor many complementary non-pharmacologic treatment strategies to meet the needs, abilities and preferences of older adults, in partnership with other health care providers.