



## The International Association for Physical Therapists working with Older People

Newsletter 6

July 2004

This newsletter is to update everyone on the association. It is sent direct to special interest groups as they become known. A resume is sent to WCPT News. The idea for an association began in 1993 at an international course in Malta; was discussed at WCPT Washington in 1995 and at WCPT Yokohama in 1999 where a shadow committee and steering group were formed. The Foundation Meeting was held in Birmingham, UK, 2002. At WCPT Barcelona 2003, IPTOP was accepted as a WCPT subgroup. General meetings have been held in Barcelona 2004; and Dublin 2004. Membership currently stands at 18 countries representing @ 7,500 physical therapists. 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.

### Message from the chairman.

Dear Colleague,

I have just returned from the last committee meeting after the Dublin conference. The feedback the committee received from speakers, delegates, sponsors and guests indicated that the event had been very successful. Fifteen countries participated with over 300 delegates and was the largest physiotherapy meeting ever held in the Republic of Ireland. The accounts should be finalised by mid-July.

Many delegates commented on the success of the social programme with the highlight being the visit to the Áras an Uachtaráin, where they had the opportunity to meet the President of Ireland and Dr McAleese in their beautiful home in Phoenix Park. On behalf of the conference, I presented a tree to the President.

During the three day visit I had the opportunity to get to know members of each delegation. WCPT was represented by Vice President Inger Bronstead, providing an opportunity for IPTOP to increase its links with WCPT and appreciate the guidance provided by Inger at the meeting of members held before the conference.

The conference dinner was held at the Law Society, hosted by Professor Denis Moloney, with the drinks reception accompanied by traditional Irish music hosted by the Irish Physiotherapy Society.

Much has been achieved since Barcelona where IPTOP suggested this conference and with planning and vision helped to ensure its success. We must now start working for the next conference in Melbourne in November 2005 when we join the Australian Gerontology Association at their bi-annual event.

Yours Sincerely

Olwen Finlay  
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## ***Main Feature---Dublin Conference---Susan Coote***

Over 300 delegates representing 15 countries attended the IPTOP/CPNG/AGILE conference in Dublin from 6<sup>th</sup> –8<sup>th</sup> May 2004. The conference, which was a hugely successful event both socially and educationally, was entitled “Advances in Balance and Falls Management in Older People” and was co-hosted by the Irish neurology/gerontology clinical interest group (CPNG), IPTOP and the gerontology clinical interest group of Northern Ireland (AGILE).

On Friday morning the conference was opened by Esther-Mary D’Arcy, President of the Irish Society of Chartered Physiotherapists and Inger Bronstead, WCPT Vice Chair. Jennifer Bottomley (USA) started the ball rolling and the conference continued on Friday and Saturday with speakers from Ireland (Niamh Maher, Mimi Fan, Eileen Moriarty), UK (Jed Rowe, John Marsden, Prof Rose-Ann Kenny, Dawn Skelton, Jill McClintock) and Australia (Annette Brown, Tamara Tse) giving excellent presentations on everything from physiological basis of balance to the prevention and management of falls in the elderly. A range of professions were represented: OT, nursing, doctors, and of course physiotherapists.

There were free paper sessions on both days again reflecting the international dimension with speakers from Ireland, Turkey, USA and Australia. Prizes for the free paper presentations were awarded by Minister Ivor Callely (see his speech below) to Sue Hourigan (AUS), Ruth O’Connell (IRL) and Aoife Collins (IRL). There were also a number of poster presentations on display during the conference, the prize for which was awarded to Suzanne Noel (IRL). The conference provided significant information on the huge topic of balance and falls and everyone left with new enthusiasm and ideas to take back to their area of practice. The abstracts of presentations and posters can be found at [www.iscp.ie](http://www.iscp.ie) (click on news in the top menu, then conferences).

On the social side the conference was preceded on Thursday by a visit to the Dáil and Seanad, the houses of parliament of the Republic of Ireland where delegates had a tour hosted by Senator Mary White. On Friday national representatives were entertained by Mary McAleese, the President of Ireland following a tour of her residence, Áras an Uachtaráin (see photo page 1). Dinner on Friday was in the beautiful surroundings of the Law Society where after dinner we were entertained by traditional Irish musicians who got the feet tapping and the dancing started, with several new “Riverdance” stars being discovered on the night!

Huge congratulations and thanks must go to the organising committee, chaired by Frances Horgan and her Dublin team of Mary Lyons, Aine O’Riordan (CPNG Chair), Emma Stokes, Olive Lennon, Catherine Blake, Lisa Ngan-Hing and Wendy Juner, who were ably assisted by Olwen Finlay (IPTOP Chair) and Jill McClintock (AGILE Chair). Looking forward already to the 2<sup>nd</sup> IPTOP conference in Australia in 2005. They have a hard act to follow but I’m sure will meet the challenge ably!

Susan Coote MISCP

## **Speech by Minister Ivor Callely at the closing of the Conference**

Good afternoon Ladies and Gentlemen. It is a pleasure for me to be here at the closing of this Conference on Advances in Balance & Falls Management in older people. It is one of the great achievements of our times that most of us are living longer and staying more active than ever before. As we continue to live longer, healthy ageing is of course more and more important to us. For many, old age can be a time of freedom, of new challenges, of finally getting time to devote to a hobby or pastime. Most older people are healthy and independent and, for them, mature age offers a new lease of life.



However, it has to be acknowledged that falls are common in people over 65, with a higher risk among elderly hospitalised patients. Such falls are preventable and this is essential because of the impact on the life of the patient, the family and also on the health service. Given our ageing population more falls and resulting injuries can be expected. Prevention is therefore most worthwhile.

### **Health promotion in older people.**

While the rationale for health promotion is usually set in the context of programmes for children and young and middle-aged adults, health promotion also has an essential role to play in improving the health and well being of older people. However, it is important that older people themselves, health professionals and society in general are convinced of the value of health promotion in the lives of older people. Negative attitudes to ageing among people of all ages, and beliefs that older people cannot benefit from changes in behaviour, must be overcome. Older people must not be excluded from health promotion activities and preventive measures routinely offered to younger people. Older people must be encouraged and enabled to participate in all aspects of life which promote their health and well being. The arguments for health promotion for older people are compelling. They include the following:

- a good quality of life will be maintained in well older people
- the effects of illness or disability in older people will be lessened
- the contribution of older people to society will be maximised
- escalating health care costs associated with an ageing population will be partly offset.

The National Health Promotion Strategy is intended as a resource and guide for all relevant stakeholder and interested parties concerned with promoting health in the new millennium. The purpose of this strategy is to set out a broad framework within which action can be carried out at an appropriate level to advance the strategic aims and objectives. Its aim is to enhance the quality of life and improve longevity for older people.

### ***The National Council for Ageing and Older People***

The National Council is a statutory body funded by the Department of Health and Children. The Primary function of the Council is to develop a comprehensive understanding of ageing and the older population in Ireland, with a view to providing the best possible advice to all concerned with the welfare of older people in Ireland.

The first strand of the National Council's Healthy Ageing Programme was the development of "Adding Years to Life, Life to Years: A Health Promotion Strategy for Older People" (1998) developed in conjunction with the Health Promotion Unit. The Unit continues to support the National Council for Ageing and Older People in the development of further strands of the programme. The second and third strands involve supporting the implementation of the strategy through various means including the development of an information and support network for promoting the health, welfare and autonomy of older people and identifying and promoting models of good practice for healthy ageing.

The programme also aims to support a range of sectors with a role to play in healthy ageing through development and capacity-building practice in the areas of networking, training, materials, models of good practice, national partnership initiatives, public awareness and evaluation of initiatives.

To date the programme has

- developed the Healthy Ageing Database, through widespread consultation with relevant stakeholders. This database is valuable information for sharing information and experience on healthy ageing initiatives
- published "Healthy Ageing in Ireland: Policy, Practice and Evaluation" Report, analysing current healthy ageing initiatives around the country and presenting models of best practice
- published a "Directory of Healthy Ageing Information Resources for Older People", to provide older people with information on leaflets, videos and posters relevant to healthy ageing (produced by both statutory and voluntary organisations)

### ***Regional Initiatives***

The Health Promotion Unit of my Department is also heavily involved in the support of various initiatives at community level in almost all health board regions.

### **National Health Strategy**

In my Department's National Health Strategy: "Quality and Fairness: A Health System for You", it is acknowledged that the Irish population is ageing at a rapid rate, and it emphasises the need to support older people in their own homes in independence and dignity, for as long as possible, to restore them to that state, where this is required, and to provide high standard extended care when they need it. These aspirations are expressed in very concrete terms and of specific interest to this conference is the aspiration to provide 600 additional day hospital beds with facilities encompassing specialist areas such as falls, osteoporosis treatment, fracture prevention, Parkinson's Disease, stroke prevention, heart failure and continence promotion clinics.

### **Conclusion**

Investing in health promotion for older people is effective and affordable and is beneficial both for society and for government. It helps to achieve better health for all older people whether living independently or in residential care and it allow them to participate in, and contribute to, society for longer. I would like to conclude by thanking you for your participation here, and for your most valuable contributions and I offer my sincere congratulations to the organizers of this most worthwhile and informative conference.

## ***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 [sigrunjo@landspitali.is](mailto:sigrunjo@landspitali.is) coordinator of this section.

(Please note that countries reporting at the General Meeting have been included in the attached minutes)

### **Iceland** (please respond on this article to Sigrún Jóhannsdóttir [sigrunjo@landspitali.is](mailto:sigrunjo@landspitali.is))

#### **Promoting awareness regarding health issues in the elderly population.**

Our jobs as physiotherapists and as a part of multidisciplinary teams working with the elderly population entails finding ways to increase awareness in this age group about various health topics. The Geriatric Division of Landspítali University Hospital recently held an open day for the public in co-operation with the Association of Senior Citizens and the National Association of Senior Citizens. There were several interesting presentations, by various health-care professionals and establishments, addressing various subjects pertaining to the elderly: home care, recreational activities, social security matters, osteoporosis, prevention of falls and memory lapses vs. dementia, to name a few.

Two wards, (the day-center and a 5-day ward) were open, as were the physiotherapy and occupational therapy departments. Guests were able to witness balance assessments, take-part in a group exercise session, see and enquire about various health aids and study informative posters and pamphlets. In other areas of the building guests were invited, among other things, to have their blood pressure taken, have their bone density measured and to take a memory test. A choir of elderly citizens sang a few songs and refreshments were offered.

The open day was advertised in the newspapers and other media and it was a great success – professionals and laymen working together to promote awareness of health issues for elderly citizens.

### **U.S.A.** (please respond on this article to Jennifer Bottomley [jbottoml@comcast.net](mailto:jbottoml@comcast.net))

#### **Educational Opportunities Increase in the Section on Geriatrics, APTA**

The Section on Geriatrics provides multiple learning formats for its members to earn continuing education. Different formats offer members the opportunity to travel to a regional course or take a course at home through online or paper format home study courses. These courses are available to both members and nonmembers.

Home study courses are available in paper format. They come in 4 or 6 modules on different topics related to geriatric physical therapy. Sample home study courses include:

- *Topics in Geriatrics 2004* is a 4 module series on Issues in Home Care, Alzheimers Disease Part I and Part II, and Diabetes.
- *Cultural Diversity of Older Americans* is a 6 module series covering a range of issues including Working with Older Adults of Hispanic Origin, East Asian Cultures, Rehabilitation and Native American Elders, Health Care for Alaska Natives, Caribbean Culture, African American Culture, Religious Issues, Working with Clients with Alternative Lifestyles, and Overview of Cultural Competency: Considerations for Older Adults

Additional courses are available in an online or cd rom version. Topics include the following:

- Conservative Pain Management for the Older Patient
- Evaluation & Intervention: Urinary Incontinence in Elderly Men and Women
- Examination and Intervention of Balance Disorders in the Elderly
- Osteoporosis: Recognition and Team Management in the Rehab Setting and Beyond
- Pathological Manifestations of Aging

For more information on these courses and other topics offered through the Section on Geriatrics, please visit the Section's web site at [www.geriatricspt.org](http://www.geriatricspt.org) and click on Education.

## General Information

### **Resource base** (please send your comments on this to Martin van Gennepe ([mvangennep@wanadoo.nl](mailto:mvangennep@wanadoo.nl)))

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**

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 IPTOP newsletters. To date information has been received from Sri Lanka, the UK and Australia. Today I would ask member countries to contribute to this project by answering the following questions by email to [aibrown@iinet.net.au](mailto:aibrown@iinet.net.au) for compilation :-

- 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.
- What are the current staffing levels for physiotherapists and aides/assistants?

Dr Annette Brown, Vice Chair, IPTOP

### **Continuing Professional Development**([olwen.finlay@btinternet.com](mailto:olwen.finlay@btinternet.com))

IPTOP is able to organise a course for interested countries/regions. (See General Meeting Minutes, Appendix 1 attached) There has been a request to share web sites for relevant courses, especially distance learning. Please send useful links to Amanda for future newsletter.

### **Conferences** (contributions to [amandajsquires@tiscali.co.uk](mailto:amandajsquires@tiscali.co.uk))

#### **IPTOP in Australia 2005, Melbourne**

The National Gerontology Group and the National Neurology Group of the Australian Physiotherapy Association. have extended an invitation to IPTOP to combine its 2005 meeting with the biennial conference of these groups to be held 24 to 27 November---the IPTOP day will be the day before or the day after, yet to be confirmed.

**Theme:** Ageing Australia---Embracing change, promoting independence.

**Enquiries** can be forwarded to Melanie Farlie, Conference Coordinator at [mfarlie@iprimus.com.au](mailto:mfarlie@iprimus.com.au)

**IPTOP 2006**—offers please to Olwen [olwen.finlay@btinternet.com](mailto:olwen.finlay@btinternet.com)

#### **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 [aspennp@voicenet.com](mailto:aspennp@voicenet.com))

Subscription renewal forms were sent to member countries in April 2004. Financial policies were distributed at the General meeting in Dublin.

IPTOP funds as of December 31, 2003	\$1783.62
Income as of May 6, 2004	64.00
Expenses as of May 6, 2004	00
<b>Balance as of May 6, 2004</b>	<b>\$1847.62</b>

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

#### **Editorial Committee**

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#### **Next edition details**

Copy date for the next edition is December 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.

## Minutes of the third IPTOP general meeting held in Dublin on 6 May 2004

### Present

Australia---Annette Brown  
Finland---Tuula Ekholm, Jaana Sikkila  
Germany---Christriane Roehling  
Iceland---Bryndis Erlingsdottir, Bergthora Baldursdottir, Heba Magnusdottir  
Ireland---Aine O'Riordan  
UK---Jill McClintock, Olwen Finlay (Chair), Amanda Squires (Secretary)  
Malta---Mary Lou Greech  
Norway---Sue Maun  
Turkey---Feliz Can, Nuray Kirdi  
USA---Nancy Prickett (Treasurer)

In attendance, Inger Bronstead, WCPT Vice President

### 1. Apologies

Netherlands, Sri Lanka, Switzerland

### 2. Welcome

Olwen Finlay opened the meeting by welcoming Inger Bronsted, WCPT Vice President who responded with thanks for the invitation and was looking forward to the conference.

### 3. Correspondence

WCPT Europe had made links and with IPTOP were pursuing mutual knowledge.

### 4. Minutes of second meeting held in Barcelona, 2003

These had been circulated with Newsletter No 4. No comments had been received.

### 5. Matters arising

a. National contacts who might sponsor the newsletter or advertise were welcome. Olwen reported that Cosyfeet had sponsored the Conference for £500. A second £500 donation had been made to IPTOP from CSP.

b. Information leaflets had been developed and were available for members pursuing sponsorship.

c. Staffing level review. Annette had received information from Sri Lanka and Australia. Amanda promised to send an article and booklet. Annette to continue to work on this especially on definitions to enable members to review international articles using terminology differently.

d. Web page progress had begun with WCPT making development of a new web site a priority and offering SIGs an independent facility within it. This would cost £400 to set up and £150 pa. It was felt to be a cost effective approach which IPTOP has funds to support and subject to answers to the following questions IPTOP unanimously agreed to proceed:

- i. clarification of capping/increase formula for ongoing costs
- ii. contingency plans for web company failure
- iii. contract clarification

Amanda to contact Brenda Myers and report answers in the newsletter.

### 6. Annual Report

This was presented by the chair and copies are available from Olwen. The key points were:

- the logo designed by Iceland was now in use
- the newsletter is being distributed electronically wherever possible
- information leaflets are now available
- Policy Manual has commenced to form a central record for members

### 7. Proposed strategy

Communication and support (deferred)

CPD and education. In response to international requests for IPTOP to provide training based on the 1993 and 1997 WCPT/UN courses held in Malta, Amanda had produced a response sheet for requesters to consider before proceeding further (attached, Appendix 1). This was accepted and Olwen would send to those who had already made contact.

Finance. Nancy presented the financial report showing a balance at 31 December 2003 of \$1847.62, various expenses for the meeting had yet to be paid. There had been one enquiry for membership information from Spain. Finance policies has been included in the Policy Manual.

It was proposed that a donation be made to WCPT as no subscription is paid by SIGs for the considerable services provided. Inger explained that such donations were used for awards and grants, the criteria for which were currently being revised. It was proposed and unanimously accepted that the revised criteria should be considered at the next meeting when a more stable funding position would enable consideration of a donation.

It was proposed that a small memento with IPTOP logo should be purchased for exceptional service to IPTOP. A globe paperweight was agreed and Amanda would pursue purchase of 10. Criteria for presentation to be agreed by a proposed IPTOP awards committee.

Research---(deferred)

## **8. Principles**

Christiane presented a paper (attached, Appendix 2) and it was agreed that members would send her similar statements from their countries and WCPT for inclusion.

## **9. Feedback from members on progress since the last meeting in Barcelona 2003.**

### Germany

The Zentralverband der Krankengymnastik – Physiotherapeuten (ZVK) with 33,000 members is the largest of four PT-associations in Germany. There are 97,000 Physiotherapists and masseurs working in Germany. In 2003 almost 10 Mill. Euro were spent for all therapeutic efforts, which is a very small portion out of the 22,1520 Mill. Euro, spent in the whole health system.

An increasing part of that has to be paid by the patients themselves, whereas they had been used to getting almost 100 % paid by the insurance companies. Every employee and every employer pays a certain amount of money into the obligatory health insurance according to the income. The employee would get the same regulated contributions out of it. The government would pay into the insurance company for people without income.

This is or was a system of solidarity which works as long as there are enough people paying. In times of high unemployment and increasing numbers of old people this system does not work efficiently. So the solidarity-system is about to change to cope with the decreasing numbers employed and the increasing costs.

PTs who in the past could rely on the doctors prescriptions and their well defined place in the system determined by more or less autonomous insurance companies, are now obliged to find a new field of work. They have to learn a lot about quality management and marketing.

One of these new fields is easily found in geriatrics---the upcoming people to work with are older people. In Germany there are 400,000 woman and 120,000 men of 80 years of age or more. The prognosis says that in 2050 the 80 years-old group is just as big as the 40 years old and even bigger than the 10 years old, the working group of the future. In relation to the rest of the population the 80 years-group is increasing enormously.

PTs try to handle these changes making special programmes for older people: fitness, falls prevention, groups for osteoporosis- and incontinence- and dizziness-groups, groups for dementia, home treatments, home adaptations, even travels and courses for older people. Different from those countries with public health systems, this is to be done by individual initiatives: hospitals, therapists, doctors, nursing homes, commercial presenters, sport clubs, insurance companies etc.

Hospitals try to prove with total quality management programmes that their clinical pathways, treatments and procedures are the most efficient ones. This upcoming and relatively tough competition between the different presenters is relatively new in Germany. It costs enormous effort, which were better used for patient treatment and care. For PTs it means big efforts in science, documentation and commercial know how. We, being used to more practical hands-on-work, have to learn a lot about that.

Looking for new working fields within a changing society (especially in the health system) is a big challenge which we have to take. Besides that we have to take care that the rights and the contributions for old people are not cut in times of less money, especially those older people not having a lobby and a loud voice to look after their interests.

### Iceland

Two guests from Denmark, Vibeke Pilmark (physiotherapist) and Kirstini Langergard (sportsphysiotherapist) in association with the Interest Group for Sports for the Elderly held a weekend course on training and exercise for the elderly. It is very valuable to exchange ideas and such courses with guest lecturers from other countries are an ideal way of achieving this.

One of our members went to Odense in Denmark for an extended course on geriatric rehabilitation. The course was divided into four sections (three to five days per section) and took place from November 2003 to February 2004 and entailed a written paper and oral presentation in the final section.

The feature article in the 5<sup>th</sup> IPTOP newsletter came from Iceland. It presented the geriatric services and rehabilitation options for the elderly in Iceland.

There is an increasing demand for nursing home places in Iceland. Several establishments are building on to their facilities. Staffing, especially with physiotherapists, is very varied and it is important that IPTOP established guidelines in this area.

Questions arising: Cutbacks in healthcare funding. Cutbacks in government/local funding of hospitals and healthcare centres are having a detrimental effect on the availability of rehabilitation of the elderly. Political policy seems to be to the effect that rehabilitation services should be addressed in the private sector. We are interested in hearing whether there are cutbacks in other countries and how physiotherapists are responding/addressing the problem.

Public health and preventive measures are an area that is receiving increasingly more attention and the members of IPTOP in Iceland are aware of the necessity of regular exercise, good nutrition and habits to enhance well being in the senior years. We are interested in commencing research in this area, perhaps in corporation with the recently established Icelandic Public Health Association.

Education: The University of Iceland has the option for physiotherapists to take Masters and Doctorate degrees but there is a limited variety of courses. It is invaluable for Iceland to have access to information regarding post graduate courses in other countries and even the possibility of distance learning in collaboration with the UI. We support wholeheartedly that IPTOP collects and forwards information pertaining to this topic and keeps members updated on websites regarding courses in various countries.

### Norway

Membership remains stable at c.300 members from all counties in Norway with local representatives in about 75% of the counties. The number of committee members has been reduced from 7 to 6. This fact plus the use of telephone meetings has been instigated to aid a strained economy in a land where settlement is dispersed. We run a policy which encourages committee representatives from all parts of the country.

The geronto-geriatric physiotherapy special interest group (G/G) celebrated its 20 years jubilee with a 2 day seminar on components necessary for successful rehabilitation, followed by a celebratory dinner, entertainment and contributions from founder and more recent members.

An interesting process for postgraduate education is in its starting phase. The possibilities of integrating postgraduate specialisation in physiotherapy for older people into the college/University education system are being explored. The question (pertaining to all special interest groups) is on the agenda for the annual meeting of our parent organisation later this year. In an advisory capacity, all special interest groups have been involved in the initial fact-finding stages of the process.

---the school of physiotherapy in Oslo has already started to build a postgraduate course in physiotherapy for older people which, on completion, will be submitted for approval by the state education board. Our committee and some members are being consulted in this process.

---G/G special interests group has currently 10 members with the title "specialist in rehabilitation with an in depth study in geronto-geriatric physiotherapy", authorised by our parent organisation. There is still work to be done to ensure quality and quantity of content, related to the treatment of older people, in the various physiotherapy colleges at both graduate and postgraduate levels.

Where funds allow, the G/G special interest group awards varying sums of money to members who apply for financial support in order to complete post graduate education shorter courses related to the treatment of older people.

A new incentive to stimulate local branches to organise their own seminars is being planned. Here, local branches may receive help in the form of guidelines for setting up seminars and possibly a small contribution towards e.g. lecturers fees. In this way local initiative can be stimulated and knowledge spread more effectively throughout Norway, where distance and communication difficulties can present problems.

Currently SIGs have no direct advisory function at departmental or governmental level. However, our parent organisation contributes expert advice after consultation with relevant SIGs.

G/G SIG as a body and through the initiative of individual members, liaises with our parent organisation regarding content and structure of society run courses on physiotherapy for older people. In this way the group promotes existing gold standards in physiotherapy practice based on relevant research.

G/G SIG is in the process of revising its plan for long term and short term goals for the next 5 year period.

## **Switzerland**

Internal activities of the Fachgruppe Physiotherapie in der Geriatrie (FPG) this past year have been in the following areas:

- a new **steering committee** was elected.
- a **new sub-group** was founded, dealing with the specific problems in extended care and longterm care facilities
- the **quality guidelines** for geriatric physical therapists were accepted by our members at the general meeting in fall 2003 - The sub-group Quality Assurance attempts to aid the members in implementing these guidelines and those of the Swiss Physiotherapy Association.
- **4 Workshops** were organised - the topics were: Dementia; Dizziness and Balance Disorders; Triggerpoint use in Geriatric Patients; and Geriatric Management in Physiotherapy

Our special interest group continues to increase the acknowledgement of the geriatric physical therapist through participating as much as possible in the different projects of our national organisations (physical therapy and gerontology). We are working with the Swiss Physiotherapy Association on a number of areas:

- research project on use of **ICF** to classify patients
- project to clarify **reimbursement** situation for work with complex geriatric cases.
- representation in the special interest group conference. This is currently developing **educational strategies** necessary to cope with the new political position of the physical therapy initial and continuing education.
- promoting the participation in the **Outcome project** (qualifying results of physical therapy treatment) of the Swiss Physical Therapy Association

We are present as a non-voting member at the steering committee meetings of the interdisciplinary Swiss Gerontology Association. In October 2003 at the bi-yearly Conference we were represented by a presentation on fall prevention in the elderly - an interdisciplinary outpatient program initiated and practiced by one of our members. We are working with the Swiss special interest group "Geriatric Rehabilitation" to develop a certification program for geriatric physical therapists.

### **10 Establishment of an awards committee**

Nominations were requested for a group which would consider Honorary and Special Fellows and criteria for IPTOP Globe memento.

### **11. AOB None**

## Appendix 1---item 7---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:

#### 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

#### 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.

#### 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.

The course is presented as formal lectures and facilitated learning followed by small group work. It is not a clinical practice course. Participants are encouraged to share their own areas of expertise formally and informally. Each course ends with each participant presenting their action plan for a work based project which is followed up by the tutors.

Two courses have been held (1993 for physiotherapists, 1997 for physiotherapists and occupational therapists) both hosted by Malta. All students found it beneficial, especially the opportunity to be with colleagues from the same specialty for an extended period. Students stated “*it was enriching, inspiring and confidence building*”.

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

- The programme is delivered in the country/region requesting it.
- Allow 2 years set up time from IPTOP agreement to proceed. Consider pre/post WCPT conference.
- Presentations will be by an international core tutor group with local academic and physiotherapy specialist tutors
- Educational credits may be pursued locally by the requesting country/region
- A local “clerk to the course” is required to liaise with the IPTOP course organiser
- Advertising is the responsibility of the requesting country
- Consider joining with another relevant profession (eg OT) to increase numbers, expertise and impact
- 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)
- 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.
- A telephone conference call with core tutors and steering group will be needed at the early planning stage
- Steering group will meet with core tutors preferably AT the facility 3 months prior to the event to finalise programme and participants.
- 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.
- The programme should include professional and cultural visits and opening/closing by a “high level” figure
- 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.
- 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).
- Grants and bursaries may be sought by the requesting country/region from eg professional bodies, government departments, charities.
- The requesting country may wish to consider a feedback presentation at next WCPT/IPTOP conference.

**Further information from IPTOP Chair, Olwen Finlay, 24, Sion Road, Landsdown, Bath, BA1 5SG, UK**

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## **Appendix 2 (Item 8) IPTOP Principles**

1. IPTOP members respect Human Rights of their clients in all areas as individuals. They support them to make choices about their own care in dignity
2. IPTOP members play an active role in rooting out age discrimination
3. IPTOP members must harbour knowledge and understanding of the ageing process and multiple age related diseases. They practice evidence based physical therapy.
4. IPTOP members are part of coordinated services and make physical therapy accessible to the elderly
5. IPTOP members strive to reach maximum physical and mental ability for each individual in their care through prevention and therapy in accordance with their present capability.
6. IPTOP members play an active role in increasing awareness of the importance of quality of life. They take care that geriatric aspects are taken into consideration in home care, hospitals and the community.
7. IPTOP members encourage their clients to be responsible for their own healthy and active life.
8. IPTOP members foster and offer special educational courses regarding prevention and therapy for the elderly, their relatives and colleagues respectively.

Draft proposal---May 2004