



The International Association for Physical Therapists working with Older People

Newsletter 21

Website www.iptop.wcpt.org

December 2012

This newsletter is to update everyone on the association. It is sent direct to special interest groups as they become known. 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 2003, Dublin 2004, Melbourne 2005, Istanbul 2006, WCPT Vancouver 2007, Ankara 2009, and WCPT Amsterdam 2011. Membership currently stands at 18 countries representing around 8,500 physical therapists in elderly care. The efforts of the association are directed towards member associations and their individual members working with older people through excellence, research, practice and clinical specialization. Officers traveling to international conferences are self-funded. This newsletter is published on our website six months after distribution to members. A summary is published in WCPT news.

Message from the President

Much has been happening since our last Newsletter. The Executive Committee has established closer links with each of our member countries by establishing Skype call communication every three months. So far we have had three of these meetings which have been very productive.

The Executive Committee of IPTOP has met three times via Skype and has confirmed amendments to the Policy Booklet.

We have also had a stainless steel Presidents's pendant made of our logo which will be worn for the first time in Boston.

A membership orientation packet is now available on request to assist both new and established representatives www.vicepresident@iptop.org

Our website has been enhanced -www.wcpt.org/iptop

Our next conference will be Boston, Massachusetts - USA from April 26 – April 28, 2013 (see P12for more details) with an early bird discount until January 4.

There are still many challenges and opportunities ahead for IPTOP. I look forward to interacting with each and every one of you.

Jennifer M. Bottomley, PhD, MS, PT
President, IPTOP(president@iptop.wcpt.org)

Contents	Page
Presidents message	1
Clinical feature	2
World Roundup	5
General information,	7
Resources	8
Research	11
Conferences	12
Communication sheet	14



President's pendant

Clinical feature---Bhanu Ramaswamy, AGILE rep and IPTOP Website Manager

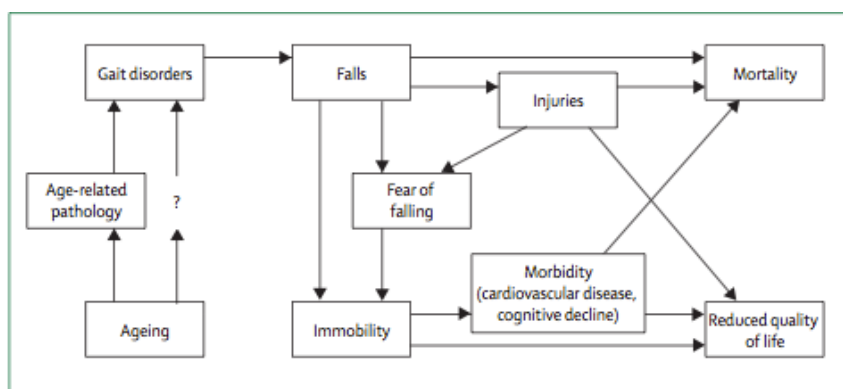
On 13 - 17th August 2012, I attended the World Congress On Active Ageing (WCAA) in Glasgow. AGILE hosted a Symposium chaired by our Chair Janet Thomas with a focus on specific factors related to falling. There were two sessions designed to provide theoretical and practical elements so the take home messages could be directly applied to practice. Below, is a summary of the first of the sessions, a lecture presented by Professor Lynn Rochester, Professor of Human Movement Science at the Institute for Ageing and Health, Newcastle University, UK.

Lynn spoke on **Gait, mobility and falls**. Her Conference abstract stated: Increasing life expectancy challenges us to age successfully in order to remain safe and independently mobile. A life free from risk of falls and their negative consequences includes retaining the ability to mobilise independently at home and in the community. This requires a higher level of motor control as well as cognitive flexibility to address necessary motor skills whilst attending to a range of environmental stimuli and concurrent tasks. Gait is a complex motor function requiring input from multiple motor and non-motor domains in the central nervous system. In particular, recognition of the important role of non-motor characteristics such as cognitive and executive function to gait in older adults has influenced our understanding of complex gait performance. Important insights into the role of cognition have also been gained using dual-task paradigms, which address automatic control of gait. Selected characteristics of gait are predictive of falls risk, mobility impairment and cognitive decline whilst cognitive decline in older adults predicts falls and loss of mobility. Impaired dual-task performance highlights potential difficulties faced in more challenging environments or during multiple task performance with subsequent increased risk of postural instability and falls. This presentation prioritises the requirements for successful mobility rather than falls prevention presuming that these skills will be protective against falls risk. The presentation will address: control of gait, including ambulation in complex environments such as the community; features of gait that are predictive of functional decline and reduced mobility; and strategies to address these.

My notes from her presentation are as follows:

Snijders et al (2011) demonstrate a potential, indirect association between ageing and gait disorders of the older person, theorising that the decline in cognition / executive function due to age-related pathology has adverse consequences on the gait in older people – this includes reduced quality of life and, eventually, reduced survival. They indicate that gait is a complex higher order form of motor behaviour requiring a balance between interacting neuronal systems (figure 1). Three chief components are locomotion (this includes initiation and maintenance of rhythmic stepping), balance and the ability to adapt to the environment. Dysfunction in any of these systems can result in gait disturbances. When we consider the ageing neurological system, you can see why problems with mobility might occur given the simultaneous dysfunction of several systems.

Figure 1. Indirect association between ageing and geriatric gait disorders (Snijders et al 2011).



In the presentation, Lynn discussed how the ‘?’ in the diagram above might be any of the following areas:

- Cortical centers – especially executive function and decision-making in the frontal areas
- Subcortical areas – such as the basal ganglia and thalamus affecting automatic processes

- Brain stem – linking the cortex and subcortical areas to the cerebellum
- Spinal cord – impacting on central pattern generators

These areas have not been well researched in their impact on ageing gait disorders, however, it is becoming increasingly recognised that things could deteriorate at any of these zones. The above idea took me back over a decade to when I taught on a Master's module at Sheffield Hallam University in neurological physiotherapy and we spoke about the older neurological concepts based on a hierarchical system that were going out of fashion as we embraced newer, integrated concepts of our neurological systems. Yet here once again, Lynn was describing dysfunction at different neurological levels based on Hughlings Jackson's concepts of levels of lower (simple), middle, and higher (complex, integrative) neurological function (Nutt et al 2011)

Whilst the more frequently researched issues of:

1. Peripheral factors, such as vision, vestibular, auditory and somatosensory influences
2. Neuromuscular factors, such as strength and range of movement

continue to be investigated, the static neurological examination (reflexes, strength, muscle tone, and sensory tests) used to identify clinical gait and balance disorders is being replaced by new methods of gait and balance examination.

Attention is now being focused on the **mechanisms** of dysfunction to try and understand the relationships so we can address them. Lynn provided examples such as the Rosano et al (2012) article that examined the impact of white matter lesions, concluding that a smaller prefrontal area volume (PFA_v) may contribute to slower gait through slower information processing. As with most research, the authors also stated that further '*longitudinal studies are warranted to examine the casual relationship between focal brain atrophy with slowing in information processing and gait.*' Also the Yarnall et al (2011) paper that looked at the interplay of cholinergic function, attention, and falls in Parkinson's, highlighting the effects of neurotransmitters across the neurological system.

Lynn then moved to the topic of **measurement**, considering the important aspects of gait characteristics to be:

- Spatio-temporal characteristics such as time and velocity
- Gait dynamics such as stride time and length

She mentioned the newer articles out describing normative spatiotemporal gait characteristics such as Hollman et al (2011) who identified from the 294 patients investigated 5 principal domains of spatiotemporal gait performance:

1. A 'rhythm' domain characterised by cadence and temporal parameters such as stride time
2. A 'phase' domain characterised by temporophasic parameters that constitute distinct divisions of the gait cycle
3. A 'variability' domain encompassed gait cycle and step variability parameters
4. A 'pace' domain characterised by parameters that included gait speed, step length and stride length
5. A 'base of support' domain characterised by step width and step width variability.

The authors found that several domains differed between men and women, plus differed across age groups. Their paper provided reference values of 23 gait parameters, which they suggest researchers or clinicians can use for assessing and interpreting gait dysfunction in ageing persons.

Also the Oh-Park et al (2010) paper in which 824 subjects were investigated to develop and compare norms for widely used gait parameters in adults aged 70 and older. The authors used cross-sectional (conventional) and longitudinal (robust) approaches, which permitted for such things as the effects on gait of concomitant medical conditions.

The most commonly suggested tests included:

- The extended Timed up and go (which is under dual tasking conditions where the subject carries a glass of water)
- Dual tasking tests such as walking and counting the days of the week backwards, recording the percentage difference of the time to walk, the speed and the step length under normal conditions, then the dual task condition. Discriminatory properties of gait characteristics included velocity and dual tasking as a predictor of falls in older people can be assessed this way (Beauchet et al 2008). As it was noted that slower walking speed while counting backward was associated with recurrent falls, it was suggesting that in a clinical setting, changes in gait performance while dual tasking would be an easy and inexpensive way of identifying frail older adults prone to falling.
- For depression, fatigue and cognition, the Montreal Cognitive assessment was suggested (MoCA)
- Stroop test, used to gauge reaction time to carry out a task

Lynn then touched on an emerging concept put forward by Liu-Ambrose et al (2012) suggesting that exercise reduces falls via mechanisms other than improved physiological and physical function. The authors propose that improved cognitive function – specifically, executive functions – and associated functional plasticity may be an important yet underappreciated mechanism by which the exercise reduces falls in older adults

In summary:

- Gait impairment is an indicator of subclinical pathology and predictive of disability, cognitive decline and falls.
- Cognition underpins effective gait and contributes to falls risk
- Robust clinical evaluation of **both** is important

In addition to the reference section below, we were also directed to obtain several other articles that had provided the background to Lynn’s presentation and added to the notion of the complexity of mobility i.e. walking whilst negotiating various acts e.g. walk & talk; walk & think.

1. A Cochrane Review - Howe TE, Rochester L, Neil F, Skelton DA, Ballinger C. Exercise for improving balance in older people. *Cochrane Database of Systematic Reviews* 2011, Issue 11. Art. No.: CD004963. DOI: 10.1002/14651858.CD004963.pub3. <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004963.pub3/abstract>
2. Studenski et al (2011). Survival predicted by age and gait speed. *JAMA*; **305** (1); 50 -58.
3. Lord S, Weatherall M, Rochester L (2010). Community Ambulation in Older Adults: Which Internal Characteristics Are Important? *Archives of Physical Medicine and Rehabilitation*; 91 (3); 378 – 388. This article examined the internal characteristics of older adults independent in community ambulation to gain further understanding of the skills required for its successful execution.
4. Lord S, Chastin S, McInnes L, Little L, Briggs P, Rochester L (2011). Exploring patterns of daily physical and sedentary behaviour in community-dwelling older adults. *Age Ageing*; **40** (2); 205-210. This article looks at the evidence suggesting how the interaction between periods of sedentary and activity behaviour is important for health; providing distinctive information to assessment of activity alone. This study quantified activity and sedentary behaviour in older, community-dwelling adults, concluding that walking, sedentary and transitory behaviours are distinct from each other, and together explain daily function.
5. Holtzer R, Mahoney J, Izzetoglu M, Izzetoglu, K, Onaral B, Verghese J (2011). fNIRS Study of Walking and Walking While Talking in Young and Old Individuals. *J Gerontol A Biol Sci Med Sci*; 66A (8); 879-887. This article looked at the functional correlates of cortical control of gait using functional near-infrared spectroscopy to evaluate whether increased activations in the prefrontal cortex (PFC) were detected in walking while talking (WWT) compared with normal pace walking (NW) in 11 young and 11 old participants. They concluded that there was evidence that oxygenation levels are increased in the PFC during WWT compared with NW in young and old individuals. This effect was modified by age suggesting that older adults may underutilise the PFC in attention-demanding locomotion tasks.
6. Lundin-Olsson L, Nyberg L, Gustafson Y (1997). ‘Stops walking when talking as a predictor of falls in elderly people. *Lancet*; **349** (9052); 617 [Research letter]. A seminal paper
7. Mirelman A, Herman T, Brozgol M, Dorfman M, Sprecher E, et al. (2012) Executive Function and Falls in Older Adults: New Findings from a Five-Year Prospective Study Link Fall Risk to Cognition. *PLoS ONE* 7(6): e40297. doi:10.1371/journal.pone.0040297. The authors concluded that among community-living older adults, the risk of future falls was predicted by performance on executive function and attention tests conducted 5 years earlier. The present results link falls among older adults to cognition, indicating that screening executive function will likely enhance fall risk assessment, and that treatment of executive function may reduce fall risk.

References:

- Beauchet O, Annweiler C, Allali G, Berrut G, Herrmann F, Dubost V (2008). Recurrent Falls and Dual Task–Related Decrease in Walking Speed: Is There a Relationship? *J Am Geriatr Soc*; 56; 1265–1269.
- Hollman J, McDade E, Petersen R (2011). Normative spatiotemporal gait parameters in older adults. *Gait & Posture*; **34** (1); 111 – 118
- Liu-Ambrose T, Nagamatsu L, Liang Hu C, Bolandzadeh N (2012). Emerging concept: ‘central benefit model’ of exercise in falls prevention. *Br J Sports Med* (2012). doi:10.1136/bjsports-2011-090725
- Nutt J, Horak F, Bloem B (2011). Milestones in Gait, Balance, and Falling. *Movement Disorders*; **26** (6); 1166 – 117
- Oh-Park, M, Holtzer, R, Xue, X, Verghese, J. (2010). Conventional and Robust Quantitative Gait Norms in Community-Dwelling Older Adults. *Journal of the American Geriatrics Society*; 58; 1512–1518
- Rosano C, Studenski S, Aizenstein H, Boudreau R, Longstreth W, Newman A (2012). Slower gait, slower information processing and smaller prefrontal area in older adults. *Age and Ageing*; 41: 58–64
- Snijders A, van de Warrenburg B, Giladi N, Bloem B (2007). Neurological gait disorders in elderly people: clinical approach and classification. *Lancet Neurol* 2007; 6: 63–74]
- Yarnall A, Rochester L, Burn D (2011). The Interplay of Cholinergic Function, Attention, and Falls in Parkinson’s Disease. *Movement Disorder*; **26** (14); 2496 - 2503

World Roundup (contact editor@iptop.wcpt.org)

UK-- AGILE <http://agile.csp.org.uk/> (561 members).

Contact: Bhanu Ramaswamy website@iptop.wcpt.org

The group aims to assist members in delivering the highest possible practice with older people by:

- Promoting high standards through education, research and efficient service delivery
- Providing a supportive environment, facilitating the exchange of ideas and information
- Encouraging and co-coordinating relevant activities regionally and nationally

Activities since last report

1. In addition to the varied projects undertaken (see <http://agile.csp.org.uk/projects>), AGILE continues to welcome members of The Association of Chartered Physiotherapists in the Community (which ceased to operate this year).
2. We published an updated version of the **Physiotherapy Falls Guideline**, launched in August at the World Congress on Active Ageing in Glasgow (see <http://agile.csp.org.uk/news/2012/08/21/launch-updated-falls-guidelines-wcaa-2012>)
3. The latest supplement is one on '**Outcome measures of the shoulder**' CD rom detailing. See <http://agile.csp.org.uk/documents/order-form-cd-manuals>
4. AGILE has set up a Twitter account (AGILE@AGILEChair) and would welcome followers, especially to follow other IPTOP members

Other relevant national events ---Details of events can be found at <http://agile.csp.org.uk/network-events>

27th October an AGILE Scotland workshop day looking at Parkinson's assessment.

Next year's series of National study days held at 6 venues across the UK are being arranged; details will be posted on the AGILE website.

Event highlight

AGILE were an official supporter of the 8th World Congress on Active Ageing from 13th – 17th August 2012 in Glasgow, Scotland.. It was the brainchild of Dr Dawn Skelton and Bob Lavature, hosted in the Olympic Year to highlight research evidence and best practice on physical activity and active ageing. It was a very successful event. (See report P2)

AGILE were also partakers of NAPA's 2012 Challenge **Go for Gold**, encouraging residents and staff in the older peoples care sector to increase their physical activity levels over a period of time.

Ireland--- Chartered Physiotherapists in Neurology and Gerontology (CPNG) www.iscp.ie (194 members).

Contact : Grainne Walsh: Ireland@iptop.wcpt.org

CPNG is a clinical interest group of the Irish Society of Chartered Physiotherapists. CPNG represents physiotherapists who have an interest in neurology and/or gerontology. The role is to support continuing professional development in these areas through evening lectures, workshops, courses, research and education bursaries as well as the provision of a discussion forum and access to physiotherapists with expertise in the areas of neurology or gerontology. CPNG also provides a supportive role for the development National Clinical Guidelines that come under the remit of Neurology/Gerontology.

Activities since last report

We ran an advanced Neurology and Gerontology course in June. The subject was "The Management of Atypical Parkinsonism." We were delighted to have Mariella Graziano and Fiona Lindop, experts in the field of Parkinsons and movement disorders to speak at this course.

As part of our evening lecture series we had 'The effect of patient mental health status on their rehabilitation experience.' This was video-conferenced to a number of sites in Ireland.

Other relevant national events--- Please email cpng@gmail.com for details of upcoming meetings.

The advanced Neurology and Gerontology Course coincided with the 2012 International Movement Disorder Congress which was held in Ireland for the first time. This conference was held in June and brought many renowned international experts to Ireland.

Belgium

Axxon BCIG Geriatrie (Belgian Clinical Interest Group) 33 members.

<http://www.axxon.be/index.php?page=content&menu=648&submenu=652>

Contact: Tessier Jan Belgium@iptop.wcpt.org

We have working groups within our BCIG. They work in smaller groups on different subjects: congress organisation, PT file, defence of PT (working in nursing homes), science and research.

Activities since last report

Working Group: Physical therapy file: development of the Physical therapy part in an electronic (medical and multidisciplinary) file in nursing homes. There are working groups (local PT's) in different regions of the Dutch country working on specific items of the electronic PT file.

Other relevant national events

Working Group: Organisation of the annual congress for PT working with older people. The congress of 2012 will be handling incontinence (in Dutch).

Forthcoming meetings

23 Nov. and 14 Dec. 2012: congress (Dutch): PT with Older people and incontinence (contact info: jankine@gmail.com).

Turkey

---Turkish Geriatric Physiotherapy Association. 50 members.

Contact: Feliz Can Turkey@iptop.wcpt.org

Activities since last report

- Participation in Meetings and Councils
- Congress/ Conference Participation and Congress Organization:
- Publications and Reports:
- Organization of Social Activities:
- The "3 rd National Geriatric Physiotherapy Congress and 1 st Congress of Care Models and Rehabilitation Tourism for the Older People" (Collaborated congress with the Turkish Ministry of Family and Social Policies) was held from 21-23 November 2012, Izmir Kaya Hotel and Congress Center, Izmir.

USA

--- Section on Geriatric, United States of America. USA@iptop.wcpt.org

GeriNotes, a US publication by the Section on Geriatrics of the APTA published a focused issue in July 2012 written from an International perspective of geriatric physical therapy practice. The editor, Jennifer Bottomley, IPTOP President, enjoyed working with each countries representatives and authors in providing this invaluable resource for all of our IPTOP members. Each of the country representatives has been provided a website address to link this publication to their respective newsletters, the IPTOP website and the WCPT website. Each country representative authored an article on Geriatric Physical Therapy and the nature of practice in their respective countries. It is an outstanding issue of GeriNotes devoted to an International focus in Geriatric Physical Therapy. It contains a wealth of information.

General Information

IPTOP web page (Contact website@iptop.wcpt.org)

We have our own web page within the WCPT website. It can be accessed direct through <http://www.iptop.wcpt.org> or via the WCPT website www.wcpt.org. Each officer (e.g. president@iptop.wcpt.org) and each member organization representative (e.g. 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; Meeting notes; and Conferences. Please encourage members to visit the IPTOP *and* WCPT websites. Officers and member organization representatives are advised to install a Spam Catcher to block unwanted use of our IPTOP e-mail addresses.

IPTOP Objectives (contact secretary@iptop.wcpt.org)

At each general meeting IPTOP's objectives are reviewed, a lead person for each is appointed and timescales set for completion. Full details and progress reviews are retained by the Secretary, with feedback at the next General Meeting.

IPTOP Photographs (Contact Bhanua Ramaswamy website@iptop.wcpt.org)

We would like to start a library of photographs involving older people. The committee will be working through issues of consent, copyright and access, but in the meantime you may want to start thinking about what you could contribute.

IPTOP CPD -- (Contact Amanda Squires editor@iptop.wcpt.org)

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

- To improve the healthcare of older persons by developing relevant PT attitudes, knowledge and skills
- To develop PT skills to influence policy both locally and nationally

The course is presented as formal lectures and facilitated learning followed by small group work. 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. The formation of IPTOP was one such plan. Two courses have been held. All students found them beneficial, especially to be with colleagues from the same specialty for an extended period. Students stated "*it was enriching, inspiring and confidence building*". Further courses can be arranged by IPTOP.

IPTOP Secretary's report (contact Jill McClintock secretary@iptop.wcpt.org)

Since the last Newsletter it continues to be a busy time for IPTOP. I have already sent to you all the proposed changes to our Constitution for discussion in Boston.

Finally a plea PLEASE when there is a change in rep to the IPTOP group within your country can you do two things

- Let me know the name and contact details of the new rep as soon as it happens
- As the outgoing rep, handover ALL the information you received from IPTOP during your term of office. This will include minutes of Skype meetings, information on any projects IPTOP is working on, currently that would be the Standards document. A specific explanation of the role they are taking on, how it works locally their responsibilities to IPTOP, the next newsletter deadline for World Update report. and also to the membership they represent.

IPTOP Treasurer's Report (contact Nancy Prickett treasurer@iptop.wcpt.org)

Associate Member Explained

In the IPTOP constitution an "Associate Member" exists. This is for WCPT member countries who do not have a "recognised group working with older people" but may become a recognised group in the future or may never have a recognised group secondary to size of nation and number of physiotherapists present in that country. Interested countries/individuals may request an application from the IPTOP Treasurer to apply for IPTOP Associate Membership. When the application is received, the IPTOP Executive Committee will review and decide upon approval or disapproval. In you have any questions regarding this category of membership, please email the IPTOP Treasurer.

IPTOP Resources (Contact Bhanu Ramaswamy website@iptop.wcpt.org)

Resource information to IPTOP members:

As we come to the end 2012, designated by The European Commission as the European Year for Active Ageing and Solidarity between Generations (EY 2012), IPTOP provided information to members about exercise resources for the older adult that will help physical therapists promote activity. Below you will find some of the exercise DVD's and also resource sites available around the world, some that are country-specific. We have tried to include the ones that can be viewed online so everyone can access them, and that promote activity and exercise with older adults. Please note that the IPTOP committee has not reviewed all the resources, so we cannot endorse any of the products on this list.

The list is available in full on the IPTOP website for the next 6 months, but is by no means comprehensive, so if IPTOP members know of other resources they use in practice that other therapists will benefit from, please email details to the Website Manager

Belgium: Prevention off falls website (official website of the Expertise Centre for Falls prevention)

<http://www.valpreventie.be>. There are 4 items with more specific explanation. A Home page, with general information; a general public information page (algemeen); a page of information for the care-taker and a final information page for organisations and cities. In the third (Zorg) you will find information useful to a physical therapist such as video's, exercise programmes, assessments and so on.

Iceland: *Balanced* is a short educational film (on CD and DVD) about balance and balance training, published by The Icelandic Physical Therapy Association. The film covers the control of posture and changes that can occur in connection with increasing age, diseases or accidents, and the CD has a printable list of exercises. This new method has been beneficial for the elderly as well as individuals with vestibular disturbances, balance disorders in connection with head and neck injuries and people with neurological conditions. The authors, Dr. Ella Kolbrun Kristinsdóttir and Bergthora Baldursdóttir, MSc. developed this new training method at the University Hospital, Physiotherapy Department, Landakot.

The CD and the discs are obtainable at the office of The Icelandic Physical Therapy Association e-mail: physio@physio.is

Ireland:

- **active@work:** Website designed for adults or older people at work or in the community, this is a national physical activity programme developed for small, medium and large sized workplaces is also suitable, relevant and practical for community groups, and the public at large. active@work includes a number of challenges to encourage more activity, such as the five-week Walk or Step Challenge, the four-week Heart Points Challenge and a Desk Work-Out programme which is available on CDROM and on the website. Desk Work-Out includes aerobic, stretching and strengthening activities: www.irishheart.ie/workplace
- **Go for Life Physical Activity Leaders (PALs)**
A series of eight workshops enabling older people to become Physical Activity Leaders (PALs) who can lead members of their own groups or communities in short exercise routines, simple dances, fun games and recreational sports. www.ageandopportunity.ie
- **sli@work.** Sli na Slainte which means 'Path to Health' encourages people of all ages and abilities to walk for health and leisure more often. The programme is supported by a network of 170 established signposted walking routes nationwide. The Sli na Slainte programme also offers Walking Leader Training courses to individuals wishing to set up a walking group in their community or workplace. www.irishheart.ie/sli

United Kingdom:

Age UK (previously Age Concern and Help the Aged) endorse and produced exercise DVDs:

- **Age NI** have produced a DVD '*Exercise with Liz*', they describe as 'a fun exercise DVD featuring a sing-along piano accompaniment, you can exercise in the comfort of your own home', advertised as a good follow up after physiotherapy has finished. The 40-minute DVD has a warm up, main exercise (including balance) and a cool down section. Exercises are led by Liz Wood, who has worked with older people for over 20 years, running classes for those aged from 60 to 90 and above! Information about costs and a short video excerpt can be found at <http://www.ageuk.org.uk/Exercise-With-Liz>

- **Angela Rippon's – ‘*Fabulously Fit At Fifty And Beyond*’** is a simple-to-follow programme led by Angela with the help of qualified instructress Sheena Land. They demonstrate easy exercises that work on five key exercise areas - balance, power, strength, flexibility and endurance - to maintain a healthy life after 50. Available from <http://www.play.com>
- **Move it or Lose it: Exercise for Older People: 3 DVD routines** led by Julie Robinson. The first DVD is for beginners, with gentle, guided exercises for less mobile people who need to strengthen their muscles, improve mobility and cannot exercise standing up; the seated routine has been endorsed by The Centre for Healthy Active Ageing, University of Birmingham. In the second DVD, people have the option of standing up to exercise, and in the third DVD, the exercises concentrate on muscle strength with eight different exercises using resistance bands. Information can be found through <http://www.moveitorloseit.co.uk>
- **British Heart Foundation work, including resources** to support national and local partnerships and agencies who wish to stage their own local events: www.active-ageing-events.org.uk
These resources provide advice and guidance on planning local events and include: *The Active Ageing Coordinator’s Planning Guide, The Guide to Active Ageing Promotion, Active Ageing Ideas for Action, Active Ageing Community Organisations’ Guide*. The materials and ideas will help an organisation to host their own local events and promote Active Ageing.
- For further details of the Department for Work and Pensions Full of Life campaign visit www.dwp.gov.uk/fulloflife
- For additional information of the promotion of physical activity with older people visit www.bhfactive.org.uk to download the Active for Later Life Resource and the BHFNC Guidelines on Older People and Physical Activity.

USA

- **National Center on Health, Physical Activity, and Disability** is a collaboration of universities and leading health advocacy and disability organizations, creating links to the program initiatives ongoing across the USA. In addition to its many resources, the Centre has produced a comprehensive list of commercially available exercise videos appropriate for individuals with disabilities and chronic health conditions. They advertise the use of exercise videos as a ‘*great way to start a home exercise program, and provides another cardiovascular and/or strengthening exercise option for regular exercisers*’. Information about the list and about the Centre can be found at <http://www.ncpad.org/351/2036/Exercise~Video~List>
- **Centers for Disease Control (CDC) physical activity videos (for people of all ages)**. The CDC is a component of the US Department of Health and Human Services. CDC’s Mission is to collaborate to create the expertise, information, and tools that people and communities need to protect their health – through health promotion, prevention of disease, injury and disability, and preparedness for new health threats. Their website has many resources devoted to health and disease prevention.
- **Collection of videos about physical activity guidelines and ways to increase physical activity**
- **Collection of resources specific to strength training for older adults**<http://www.cdc.gov/physicalactivity/everyone/videos/>
<http://www.cdc.gov/physicalactivity/growingstronger/index.html>
- **American Geriatrics Society Foundation– Health in Aging.org**. The American Geriatrics Society (AGS) is a not-for-profit organization of over 6,000 health professionals devoted to improving the health, independence and quality of life of all older people. The Society provides leadership to healthcare professionals, policy makers and the public by implementing and advocating for programs in patient care, research, professional and public education, and public policy. They have a feature called Ask the Geriatrician (MD specializing in the care of older adults) of frequently asked questions about exercise from older adults
<http://www.healthinaging.org/resources/resource:ask-the-geriatrician-exercise/>

National Institutes of Health - National Institute on Aging

Since 1974, the NIA -- one of the 27 Institutes and Centers of the US National Institutes for Health ([NIH](http://www.nih.gov)) -- has been at the forefront of the Nation's research activities dedicated to understanding the nature of aging, supporting the health and well being of older adults, and extending healthy, active years of life for more people.

Downloadable guide for exercise

<http://www.ncoa.org/improve-health/center-for-healthy-aging/content-library/exercise-a-guide-from-the.html>

Sample Exercise routine

<http://www.nia.nih.gov/health/publication/workout-go-sample-exercise-routine-national-institute-aging-nih>

Go for Life video: Designed for older adults, this DVD features strength, balance, and flexibility exercises that can be done at home, at work, at the gym—almost anywhere.

<http://www.nia.nih.gov/health/publication/go4life-dvd-everyday-exercises-national-institute-aging>

NIHSeniorHealth.gov

<http://nihseniorhealth.gov/exerciseforolderadults/healthbenefits/01.html>

Welcome to NIHSeniorHealth.gov, the Web site for older adults. NIHSeniorHealth makes aging-related health information easily accessible for family members and friends seeking reliable, easy to understand online health information. This site was developed by the National Institute on Aging (NIA) and the National Library of Medicine (NLM) both part of the National Institutes of Health (NIH).

Series of exercise and instructional videos

<http://nihseniorhealth.gov/videolist.html#exercise>

American Physical Therapy Association

The American Physical Therapy Association (APTA) is an individual membership professional organization representing more than 80,000 member physical therapists (PTs), physical therapist assistants (PTAs), and students of physical therapy. APTA seeks to improve the health and quality of life of individuals in society by advancing physical therapist practice, education, and research, and by increasing the awareness and understanding of physical therapy's role in the nation's health care system.

Fitness across the lifespan videos

<http://www.moveforwardpt.com/Resources/Detail.aspx?cid=cf04d49f-c46a-44cc-bf48-cd64e873e069>

Section on Geriatrics

A component section of the APTA, the Section on Geriatrics supports those therapists, assistants, and students that work with an aging population in roles of advocacy, direct patient care, consultation, supervision, and education. The Section on Geriatrics was formed in 1978 to address the needs of the physical therapy practitioner working with the aging client. The Section represents and serves over 5,000 members with a wide array of services and benefits.

Stand Tall Exercise Program

The **evidence-based** *Stand Tall Exercise Program* was developed by Dr. Wendy Katzman, PT, DPTSc, OCS based on her research at UCSF SFSU to reverse the postural changes that often occur in the older adult.

<http://www.geriaticsppt.org/store/index.cfm?action=viewdetails&viewby=ordervalue&category=100397&sortorder=ASC&itemid=13703>

Patient Brochures

Aquatic Exercise

<http://www.geriaticsppt.org/students/patient-educationbrochures/AquaticExercise.pdf>

Exercising in hot and cold weather

<http://www.geriaticsppt.org/students/patient-education-brochures/SoGHotandCold.pdf>

Strength Training

<http://www.geriaticsppt.org/students/patient-education-brochures/117%20Geriatrics%20Pamphlet%20%20Strength%20Training3rd%20place.pdf>

'*More Than Stretch: Senior Fitness for good health*', also available from <http://www.play.com>. Exercise to music with stretching and strengthening, balance and posture, techniques for relaxation and breathing, and rebuilding and maintaining a healthy back. Led by Charlotte Michos, who specializes in working with older adults and who has over thirty years of experience in the health field as a nurse, is a professor of nursing, and has an extensive background in fitness as a dancer and instructor.

ACROSS EUROPE:

The Thematic Network for Adapted Physical Activity (THENAPA) II: "Ageing and disability - a new crossing between physical activity, social inclusion and life-long well-being" at <http://www.thenapa2.org/about/index.htm>

Under "Products you will find cards, DVD, brochures, and more - these products are translated into most of the European languages.

The work of EuroHealthNet (www.eurohealthnet.eu), a not for profit organisation networking public bodies working in the fields of health promotion, public health, disease prevention and health determinants – the factors behind good or ill health. EuroHealthNet comprises of national and regional bodies working on policy, research and implementation approaches which contribute to improving health, wellbeing and equity between and within all the countries that are members of or associated with the European Union.

Healthy and Active ageing (2012) is a report that provides a selection of policies, programmes and interventions that are currently or have been applied in the EU and its Member States, as well as by WHO and Canada, to promote the health of 'younger' older people. Dispersed through the text, which provides evidence on different aspects on the health of and health promoting interventions for this group. The final section of this report contains a compendium of 87 project that contribute to the health and well-being of 'younger' older people. Access it at:

<http://www.healthyageing.eu/sites/www.healthyageing.eu/files/resources/Healthy%20and%20Active%20Ageing.pdf>

IPTOP research (contact Jennifer Bottomley president@iptop.wcpt.org)

PERSPECTIVE FOR INTERNATIONAL COLLABORATION: DEVELOPMENT OF CLINICAL GUIDELINES/STANDARDS OF PRACTICE IN GERIATRIC PHYSICAL THERAPY

Clinical practice guidelines, or standards of practice are *statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of benefits and harms of alternative care options.*ⁱ In health care services, clinical guidelines are considered important instruments to improve and manage the care of our patients. This is one of the reasons that IPTOP is currently investing time and the expertise of each of our country representative in evaluating standards of practice in each of our member countries, and then collaborating to establish clinical practice guideline recommendations by IPTOP

Important goals in developing and implementing guidelines are higher quality and improved cost effectiveness of interventions, ideally resulting in improved health outcomes. Additionally, guidelines address the need to decrease variability and increase transparency in clinical practice and legitimize geriatric physical therapy practice in the eyes of those outside our field of practice.

Development and implementation of guidelines are major focus areas of health care policy in many countries, and thousands of guidelines have been published worldwide.ⁱⁱ Low- and middle-income countries are facing unique health care problems, for which the development of guidelines is a challenging process. In many instances, the evidence is neither relevant nor applicable and resources to develop guidelines are lacking. Therefore, guideline development in these countries depends heavily on international guidelines with local adaptation to provide the best fit.

In the last twenty years, the physical therapy profession has rapidly increased its body of knowledge, and the introduction of evidence-based clinical guidelines was a logical step. The **Physiotherapy Evidence Database (PEDro)** contained 478 evidence-based clinical guidelines.ⁱⁱⁱ

At the international level, the World Confederation for Physical Therapy (WCPT) has prioritized the development and implementation of clinical guidelines in its policy. The European Region of WCPT (ER-WCPT) has developed a framework for the development of clinical guidelines, and its database shows that, in 2010, eight European countries had physical therapy-specific guideline programs.

There are specific problems related to the use of guidelines by physical therapists in low- and middle-income countries. Physical therapy management is confronted with a high patient-to-physical therapist ration, low accessibility to health care, lack of facilities and equipment, and short hospital stays.^{iv} In addition, cultural and language differences mean that well-known outcome measures developed within a Western model are not suitable locally. Furthermore, roles and responsibilities of physical therapists may be different, with consequences for physical therapy diagnosis and decisions for treatment modalities or prevention. There is a need to develop an appropriate local body of evidence to address the specific circumstances. By so doing, suitable clinical guidelines can either be adapted from existing ones or established for low- and middle-income countries.

The growing body of knowledge in the field of clinical guidelines has provided opportunities for international collaboration. In 2002, the **Guidelines International Network (G-I-N)** was founded to provide a network and partnerships for guideline organizations, implementers, researchers, and other stakeholders in health care. The G-I-N seeks to improve the quality of health care by promotion systematic development of guidelines and their application to practice. In the field of Geriatric physical therapy, international collaboration in producing guidelines and harmonizing guideline methods is limited. Despite the existence of several national programs for guideline development, to date they have not resulted in a structured international debate on the specific characteristics of clinical guidelines in geriatric physical therapy and possible approaches of guideline development.

One of the many roles for IPTOP is to step ahead with WCPT and develop International Guidelines. WCPT has taken the lead and launched this initiative at World Physical Therapy 2011. IPTOP proposes to establish a collaborative for the production of international evidence statements for geriatric physical therapy practice. The hope is to provide a universal starting point for countries to begin this process. We need an International Perspective, especially in the unique area of practice of geriatric physical therapy. Collaboration is key in assisting countries without standards of practice in geriatric practice in establishing clinical guidelines.

¹ Institute of Medicine. *Clinical Guidelines We Can Trust*. Washington, DC: National Academic Press; 2011:3.

¹ Guidelines International Network. International Guideline Library. Available at: www.g-i-n.net.

¹ Maher CG, Moseley AM, Sherrington C, et al. A description of the trials, reviews, and practice guidelines indexed in the PEDro database. *Phys Ther*. 2008; 88:1068-1077.

¹ *Mid-year Population Estimates*. Pretoria, South Africa: Statistics South Africa; 2010.

IPTOP Conferences (contributions to editor@iptop.wcpt.org)

IPTOP Conferences linked to Member Organization Conferences (contact president@iptop.wcpt.org).

IPTOP aims to have a general meeting every other year, linking it with a member country's own conference. To date we have had excellent joint conferences with Irish, Australian and Turkish member associations. (see the IPTOP Handbook held by country reps "Links to Member Organization Conferences" for details).

In 2013 we meet in Boston April 26-28 (see below)

In **2015** we will link with the WCPT Conference to be held in Singapore.

The date for the following General Meeting will be **2017** for which we are seeking a host member organisation.

INTERNATIONAL PHYSICAL THERAPY CONFERENCE: Boston, Massachusetts – USA for April 26-28, 2013.

Topics on Women's Health and Aging in Men and Women

The International Organization of Physical Therapists in Women's Health (IOPTWH) and The International Association of Physical Therapists working with Older People (IPTOP) have joined together to offer this unique program in late April 2013 in Boston, Massachusetts. These sub groups from the World Confederation for Physical Therapy (WCPT) have brought together a distinguished course faculty that will present topics of interest to physical therapists working with women and the aging population

Where: The Conference Centre at Harvard Medical School, 77 Avenue Louis Pasteur, Boston, Ma (USA)

Conference Content:

Friday April 26, 2013

AM IOPTWH and IPTOP Board Meetings 3 hours at the hotels

5:00 pm Check in at conference site

5:00-8:00 pm Reception cocktails and snacks reception

5:00-8:00 pm Vendor Exhibits

Saturday April 27, 2013

8:00 - 8:30 am Registration continental breakfast

8:30 - 8:45 am Opening

Dr. Rebecca Stephenson President IOPTWH

Dr. Jennifer Bottomley President IPTOP

Anne Hartstein - Massachusetts Secretary of Elder Affairs

8:45 - 9:45 am WCPT President opening remarks- Trends in World Aging for Men & Women –

Dr. Marilyn Moffat

9:45 -11:00 am Physiotherapy and Osteoporosis: Goals and Strategies for Women and Older People –

Dr. Meena Sran

11:00 -11:15 am Break

11:15 -12:15 am Communication Skills: Working with the Older Adult - *Dr. Jennifer Bottomley*

12:15 -1:15 pm LUNCH

1:15 - 3:15 pm Incontinence and Pelvic Organ Prolapse and its Implications in Aging –

Dr. Meghan Markowski

3:15 - 3:30 pm Vendor Break

3:30 - 4:30 pm IPTOP Member Meeting

3:30 - 4:30 pm IOPTWH Case Study Presentations

Gill Brook

Dr. Rebecca Stephenson

5:30 - 6:30 pm Cocktails- Longwood Inn

6:30 - 8:00 pm Dinner and Keynote Speaker at the Longwood Inn

Sunday April 28, 2013

8:30 - 9:00 am Continental breakfast

9:00 -10:00 am Nutrition and Exercise in Aging - *Bhanu Ramaswamy*

10:00 -11:00 am Understanding the Latest in Urogynecological Surgeries - *Dr. Neeraj Kohli*

11:00 -11:15 am Break

11:15 -12:00 pm Sexual Changes in Women and Men as They Age - *Dr. Sharon Bober*

12:00 -1:00 pm Lunch

1:00 - 3:00 pm The Aging Breast: At Risk for Breast Cancer - *Dr. Nancy Roberge*

3:00 - 3:15 pm Break

3:15 - 4:15 pm Active Aging - *Dr. Marilyn Moffat*

4:45 pm Closing

The Joseph S Martin Conference Center @ Harvard Medical School www.theconfcenter.HMS.Harvard.edu - Virtual Tour available

77 Avenue Louis Pasteur, NRB Room 133, Boston, MA (USA) 02115

Fees:

Early bird registration \$380 by January 4 • After January 4 \$395 • On site \$415

Go to <http://conference.ioptwh.org> to register.

The conference fee will include an evening reception and registration on Friday night April 26 and a sit-down dinner on Saturday evening April 27 at the Longwood Inn. In addition to the full conference programme.

We will be providing information on things to do in and around the Boston area for you and your family. Travel plans might include extra time to enjoy the sights of Boston, one of the most historical cities in the US.

The conference hotels are located within walking distance of the Conference Centre and many Boston attractions.

For more Information go to: www.ioptwh.org OR www.wcpt.org/iptop

Hotels:

The Best Western The Inn at Longwood Medical Phone: 617-731-4700 www.innatlongwood.com

Holiday Inn Boston-Brookline 1200 Beacon Street Brookline, Ma 02446 Phone: 617-277-

1200 www.holidayinn.com/hotels/us/en/brookline/bklma/hoteldetail

2012 communication sheet

(please contact secretary@iptop.wcpt.org regarding any changes/problems)

President Jennifer Bottomley E-mail: president@iptop.wcpt.org	Webmanager Bhanu Ramaswamy E-mail: website@iptop.wcpt.org
Vice President Jill Mc Clintock, E-mail: vice-president@iptop.wcpt.org	Europe Hans Hobbelen E.mail : europe@iptop.wcpt.org
Secretary Jill McClintock E-mail: secretary@iptop.wcpt.org	S W Pacific Liz Binns Email: swpacific@iptop.wcpt.org
Treasurer Nancy Prickett E-mail: treasurer@iptop.wcpt.org	N America and Caribbean Lisa Dehner E-mail : americanandcaribbean@iptop.wcpt.org
Editor Amanda Squires E-mail: editor@iptop.wcpt.org	South America No member in this region Africa Awaiting Regional Representative nomination

National representatives

Australia---Primary contact Shylie Mackintosh Email: Australia@iptop.wcpt.org	Malta---Primary contact Maria Fenech Email: Malta@iptop.wcpt.org
Belgium--- Primary contact Jan Tessier E-mail: Belgium@iptop.wcpt.org	Netherlands ---Primary contact Hans Hobbelen Email: Netherlands@iptop.wcpt.org
Bulgaria---Primary contact Ludmila Venova Email: Bulgaria@iptop.wcpt.org	New Zealand ---Primary contact Liz Binns Email: New.Zealand@iptop.wcpt.org
Canada ---Primary contact Leah Weinberg E-mail: Canada@iptop.wcpt.org	Norway- Primary contact Anne Sofie Røysland E-Email: Norway@iptop.wcpt.org
Finland---Primary contact Paulina Iiskala Email: Finland@iptop.wcpt.org	South Africa---Primary contact Peta Harrison Email: South.Africa@iptop.wcpt.org
Germany---Primary contact Heike Steinmüller Email: Germany@iptop.wcpt.org	Switzerland---Primary contact Glauca Goncalves Email: Switzerland@iptop.wcpt.org
Greece---Primary contact Christos Kommissopoulos Email: Greece@iptop.wcpt.org	Turkey---Primary contact Filiz Can Email: Turkey@iptop.wcpt.org
Iceland-- Primary contact Gudfinna Bjornsdottir Email: Iceland@iptop.wcpt.org	United Kingdom-- Primary contact: Bhanu Ramaswamy Email: website@iptop.wcpt.org
Ireland-- Primary contact Grainne Walsh Email: Ireland@iptop.wcpt.org	USA---Primary Lisa Dehner Email: USA@iptop.wcpt.org

Editor---Professor Amanda Squires (UK) (editor@iptop.wcpt.org)

Next edition details Copy date for the next edition is **30 April 2013**. The editorial board retains editorial rights. Length for a "feature" article is 1,000 words. We welcome world news (200 words) from member countries, conference information and contributions from the Committee as relevant. Contributions should be in English language and WORD format with references in Harvard Style, any websites hyperlinked in and sent by e: mail to the editor

We are in the process of developing an advertisement protocol and rate. In the meantime suggestions from members of potential advertisers would be welcome to Jennifer Bottomley (president@iptop.wcpt.org.)
