The IOPTP Newsletter

The International Organisation of Physical Therapists in Paediatrics

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President's Message

Barbara H. Connolly PT, DPT, EdD, FAPTA USA

Happy New Year!

This is the beginning of another great year for the IOPTP. We continue to expand our communication with paediatric physical therapists across the world through our web site, our newsletter and now our Face Book page. On the Face Book page, we have had numerous questions raised about membership in the IOPTP. A short overview in this message of how to become a member may be helpful. The first criteria is that your **paediatric group** must be associated with the **WCPT member organization in your country** (no single individual membership is available and no interdisciplinary or governmental groups). Next, you would need to determine if your paediatric group would be appropriate for Full or Associate Membership. You can find the constitution on the IOPTP website which describes these two levels of membership. If your application occurs between WCPT meetings, you would be classified as a Member elect until the 2015 WCPT meeting. Your paediatric organization would receive all benefits of memberships during that time but would not officially be a full or associate member until 2015. We now have 15 member countries and over 10,000 members in the IOPTP. Currently we publish 3 newsletters per year and are working on establishing a designated international journal. Our member countries are invited to have members participate on committees (all work is done via email or SKYPE calls) and on our discussion board. The subscription fees are $1 (US) per member per year.

The Executive Committee has been corresponding with many WCPT member countries who are interested in joining the IOPTP. Problems occur in several of these member countries because there is not a recognized paediatric subsection in their country. We are working with these countries to assist them in organizing these paediatric subsections and will assist any country that is interested in joining the IOPTP. If you have questions regarding

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For submissions or questions regarding the newsletter please contact the newsletter editor Erin Wentzell PT, DPT, PCS at

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membership in the IOPTP, please contact me at bconnoll@uthsc.edu.

At a recent Executive Committee SKYPE call, the strategic plan for the IOPTP was reviewed. Although at times we believe that we are moving slowly with our international organization, our accomplishments over the past year are many. The goals identified in our strategic plan include:

Goal 1 : To encourage improved standards and consistency of practice in paediatrics care by physical therapist.

Over the past year, we have surveyed our member countries and have identified needs of the member associations. In particular, we have now compiled practice guidelines that are currently available from our member countries . The administrative and clinical practice guidelines are now available on our web site under the section on **RESOURCES**.

Goal 2: To provide programming and education to support practice of paediatric physical therapy

We have been posting information on conferences and professional meetings on our web site under the section on **EDUCATIONAL OPPORTUNITIES**. We will post information about educational opportunities in our member countries upon request. Please let the IOPTP if you would like to identify these opportunities for other members of the IOPTP. Be sure to look at these informational pages often to view new opportunities around the world.

In our recent member survey, we identified speakers/faculty members who are willing to be a resource for member countries for educational programs or consultation. In the coming year, we will finalize this list and post on our website. Encourage your professional paediatric organization to identify potential speakers for the IOPTP if your organization has not responded yet.

The 2013 meeting of the IOPTP continues to be in the planning stages . More detailed information about this conference which will be held in November 2013 in Anaheim, California, USA is presented later in this newsletter.

Goal 3: To encourage scientific research and promote opportunities for the spread of knowledge of new developments in the field of paediatrics.

The research committee of the IOPTP has now completed the survey on research priorities that can be approached from an international perspective. The committee will begin to address these priorities and to identify resources and methods for supporting international research in the coming year.

Goal 4: To advance practice by sharing resources and information.

The **IOPTP FACEBOOK** page is adding members on a weekly basis! If you haven't looked at the page, please do so. You'll see that numerous members are beginning to share links to other web sites that provide resources and clinical information. We have had a few questions submitted for open discussion via this format. We hope that our members will begin to use this forum more frequently as a means of a world -wide discussion on issues that are of interest to physical therapists in paediatrics.

We have also had the opportunity to provide input to international conferences held by the World Health Organization and UNICEF during the past year. We have provided information on discrimination against children with disabilities and on participation of children with disabilities. We anticipate that we will be involved in the revision of educational brochures provided by these international organizations during the coming year.

Goal 5: To assist WCPT member countries in the initial and ongoing development of recognized Sub-sections in paediatrics.

This last goal has been addressed in the first part of this president's address. As you can see, we are ready and willing to assist paediatric groups in becoming members of the IOPTP.

Best wishes to all of you in this new year. I hope to see many of you at the mid- WCPT meeting and interacting with you via our web site or Face Book page!

IOPTP Committee Reports

Programming Committee Report: SoPAC is Coming soon!

SAVE THE DATE!!!

Announcing a Joint Conference with the APTA's Section on Pediatrics and the WCPT's International Organisation of Physical Therapists in Pediatrics:
Celebrating Our History as we Create the Future of Pediatric Therapy

Join us in **Anaheim, California, November 6-10** to celebrate the 40th anniversary of the APTA's Section on Pediatrics and the first mid-term conference of the WCPT's International Organisation of Physical Therapists in Pediatrics. All aspects of pediatric physical therapy will be addressed with a program including:

- 4 two-day pre-cons and 2 additional one-day precons with a bootcamp for new grads and young professionals and a ½ day session on power wheels
- 2 unopposed keynotes and 2 concurrent keynotes
- 8 round table discussions
- 46 concurrent sessions
- Exhibits/posters/reception/evening activities
- Speakers from around the globe (7 countries)

Visit www.pediatricapta.org for information.

Research Committee Report: The Journal is going global!

Research Committee: Update on the journal, *Pediatric Physical Therapy*

One of the ongoing concerns of the IOPTP Research Committee is knowledge translation and the need to improve access for our member countries to the research literature that drives evidence based practice. As chair of the committee, I thought it would be helpful to describe how individuals can access articles from the journal:, and the useful feature, Clinical Bottom Lines. And I would also like to describe the recent growth of the journal as an international resource for pediatric physical therapists.

Articles published in Pediatric Physical Therapy are freely available one year after their publication date. If you visit the journal website http://journals.lww.com/pedpt/ , and access past issues, you will notice that any issue published at least one year ago, will have the free symbol listed beside each article. This feature should enable those who are not subscribers to obtain valuable information from the journal. Another important resource is the feature termed: Clinical Bottom Line, which accompanies nearly all research articles. The Clinical Bottom Line is a short summary of how the information in the research article relates to clinical practice, and what the clinician should be mindful of when applying this information. Clinical Bottom Lines are co-authored by a researcher and a clinician who work together to produce the feature.

Over the past few years, *Pediatric Physical Therapy* has become an international journal for our specialty area. Started 25 years ago as the official journal of the Section on Pediatrics of the American Physical Therapy Association, the journal has grown through the appointment to the Editorial Board of Paul JG Helders from the Netherlands, Asa Bartonek from Sweden, Francine Malouin and Doreen Bartlett from Canada, Anne Marie Wium from Denmark and Hilda Mulligan from New Zealand. These individuals helped establish the international mission for the journal.

In 2010 after discussion with the editor and publisher of the journal, the Dutch Society for Pediatric Physical Therapy voted to adopt *Pediatric Physical Therapy* as their official journal, and all members of their association were provided subscriptions to the journal. Janjaap van der Net, President of the Dutch Society joined the Editorial Board as the Dutch Society's official representative.

In January of 2012, the Swiss Association of Pediatric Physical Therapy, adopted *Pediatric Physical Therapy* as their official journal, and Careen van Son was appointed as their

representative to the Editorial Board. Now in 2013 the journal has been adopted by the New Zealand Society of Physiotherapists Paediatric Special Interest Group and the Pediatric Division of the Canadian Physiotherapy Association. The New Zealand Society has appointed Anna Mackey as their Editorial Board Member and a representative from the Canadian Association will soon be joining the Editorial Board.

Recently The Physical Therapy Association of the Republic of Taiwan has begun to translate abstracts of the articles published in *Pediatric Physical Therapy* into Chinese. A link on the home page of the journal website http://journals.lww.com/pedpt/ provides access to these Chinese translations. The translations are being done by Hua-Fang (Lily) Liao who is a member of the Research Committee of IOPTP.

Lily has been a member of the Research Committee since the IOPTP was officially recognized by WCPT. She is Associate Professor, School of Physical Therapy, National Taiwan University, President of the Chinese Association of Early Intervention Profession for Children with Developmental Delays, and Executive Supervisor, Physical Therapy Association of Republic of China (Taiwan). She has participated in PT education and research for 37 years, focusing on developmental tests, resistance exercise for CP, and ICF and PT history in Taiwan. Her contribution in translation of *Pediatric Physical Therapy* abstracts is a profound service to our profession.

As chair of the IOPTP research committee I encourage you to visit the *Pediatric Physical Therapy* journal website and access the articles and Clinical Bottom Line features that are freely available to all pediatric physical therapists.

Ann F. Van Sant, PT, PhD, FAPTA

Chair, Research Committee, IOPTP

Meet the IOPTP Committee members: The Communications Committee

Dale Deubler, PT, MS

I graduated from The Ohio State University (OSU) and have worked for 40 years in pediatric physical therapy in clinical and academic positions. I have experience across the life span and in international settings. As part of my faculty position, colleagues and I at OSU developed a global health service-learning course which is taught annually in Mérida, Yucatan, Mexico. Most recently my research has

involved the evaluation of student performance through reflective learning during the global health course. I coordinate and teach the pediatric laboratory course at OSU that emphasizes pediatric practice opportunities.

Erin Wentzell PT, DPT, PCS

I am the chair of the communications committee and I am new to the IOPTP, joining 2 years ago. I am self-employed and own my own pediatric home-based PT practice in Washington DC. I work with children of all ages and with all abilities. I also work as an adjunct instructor at The George Washington University Physical Therapy Department. I serve as the representative to Washington DC for the Pediatric section of the APTA and I am involved in programs in DC to encourage children to explore nature and the parks that dot our beautiful city. I have recently become a certified pediatric specialist of which I am very proud.

For questions regarding the Communications Committee please contact Erin Wentzell at ewentzell@gmail.com

Meet the IOPTP Committee Members: The Practice Committee

Anne Berle Robstad

I am new in this committee since the last WCPT congress and I am liaison from the Executive committee where I am also new. I have been a PT for more than 30 years, worked with ergonomics some years and most of the time with Paediatric Physical therapy.
I have worked several years in the public health service – health centres, kindergartens, schools and private home. Then some years in a rehabilitation centre for children, and since 2002 as special physiotherapist at the Children's department (for children 0-16 years old) in the University Hospital in Bergen.
I am supervisor for physiotherapy students in clinical practice and temporary teacher in their education. My special interests are long lasting pain and functional pain or paresis in children, and I work in team with a neuropsychologist.
Another special interest is Obstetric plexus palsy, and I am team coordinator for an interdisciplinary team in this topic. I am involved in the Norwegian Association of Physiotherapy`s work with professional topics.

Esther de Ru

I am Dutch, have two sons. I was born in the Netherlands, grew up and went to school in Australia and graduated as a physiotherapist in the Netherlands in 1977. Have always worked (44 yrs) as a health professional. Started work as a dental nurse, GP's aid, medical secretary before becoming a physiotherapist. Have worked in Holland for most of these years and spent 2 years working in Germany and the last 5 in Spain. I have worked in various settings ranging from geriatric hospital, sport-medical clinic, orthopaedic clinic, school (part of

rehabilitation centre) and private clinics. I have worked with children with CP, developmental delay, sport-injuries, hypotonia, DCD and with the premature infant.

Started a website with information for our Spanish colleagues www.gophysio.info. The last five years have been spent exchanging information with colleagues through various forums. www.physiobob.com, www.wcpt.org, www.fysionetwerken.nl and www.sefip.org My current areas of special interest are: elastic therapeutic taping in paediatrics and the conservative management of scolioses and spinal problems.

Grace O'Malley

I am a paediatric physiotherapist based at The Children's University Hospital in Dublin, Ireland. I have been working at CUH since my graduation in 2004. While working in orthopaedics I became interested in paediatric obesity and in 2006 completed an MSc looking at the musculoskeletal effects of obesity in children.
I have worked clinically in paediatric rheumatology, neurodevelopmental assessment and treatment, orthopaedics and respiratory in the past though my main focus now is in the area of paediatric endocrinology.
In 2008 I completed 15 months of clinical research training at the Dept of Pediatric Endocrinology at The Yale School of Medicine (USA) and here I worked on the effect of exercise training on the metabolic health of obese children while also delivering the exercise component of the Bright Bodies Intervention.
Since returning home in 2010, I have led our multidisciplinary obesity treatment programme and am currently undertaking a PhD in Public Health which will compare face-to-face treatment for adolescent obesity with an iPhone application for treatment. I'm interested in raising the profile of physiotherapists in chronic disease prevention and firmly believe that our skills as movement specialists are of essential importance in the assessment and management of obesity.

Margaret Mason

I am the physiotherapy manager in the Coombe Women and Infants University Hospital in Dublin. I have worked here for over 20 years and I do some women's health work and some neonatal work. I provide a follow-up service for babies with orthopaedic and neurodevelopmental problems. I see infants with ages ranging from birth to about 18 months.

Nancy Cicirello

I am the liaison from the American Physical Therapy Association's Section on Pediatrics. I have been a physical therapist for 40 years and currently am a full time faculty member in the School of Physical Therapy at Pacific University in Oregon where I teach the clinical application courses for pediatric neuromuscular and co-teach in the adult neuromuscular course. I have been involved with numerous interprofessional seminars including Disability in a Disabling Society and Supporting Caregivers across the Lifespan. I began my career in a general hospital and then moved on to an outpatient pediatric facility. From there I joined the U. S. Peace Corps and volunteered for 2 years in the Fiji Islands of the South Pacific as a pediatric PT working with local physios and nurses in their provision of services to children with disabilities and their families. Upon returning the U.S., I completed a Masters in Public Health with an emphasis on Maternal & Child Health at University of North Carolina, Chapel Hill. My next position was with the Oregon Department of Education where I

served as a consultant to therapists employed by the school systems of Oregon. I have been an educator for the past 22 years and for about the first 12 of those years continued with 1 day/week providing Early Intervention services within the local school district, mostly with home visits to infants and young children with disabilities and their families. During the university breaks, I have continued to do international volunteer pediatric PT work in Vietnam, Bolivia, Columbia, Mexico, Krygyztan, and most recently China. My practice interests include parent coaching, youth transition to adult services, disability rights, interprofessional educational opportunities for health professional students, and international work in developing nations. I also serve on the advisory council for Pediatric PT Residency at Oregon Health & Sciences University, the Oregon Department of Education Services for Students with Orthopedic Impairments working group, and the local chapter of United Cerebral Palsy organization.

Peng Ha Yeo

I came from Malaysia to Australia to further my education. I graduated from the University of Adelaide, South Australia in 1972. I have 2 children a daughter aged 32 and a son aged 29. Since my graduation, I worked in the Queen Elizabeth Hospital for one year and then commenced work at the Adelaide Children's Hospital in 1973 and have been there since.
I have always worked in the Neurology and Developmental area managing children with CP, Head Injuries, Spina Bifida and Developmental Delay and children with Hypotonia, Cardiac problems and FTT.
In the last 10 -15 years I have been involved with the Child Development Unit at the Women's and Children's Hospital assessing Infants from 0-2 years in a Multi- disciplinary Team.
My interests are in assessing young infants born prematurely and provide reviews at 8 weeks, 4 months and 8 months.
I provide a therapy program developmental follow up and refer children identified to the Community Agencies as indicated.
I am interested in any strategies in the management of children with low tone.

Ragnhild Bech

I've been working with children in different context the last 30years; Orthopaedics, psychiatry, mental delay, asthmatics and usual mother child clinic issues. The last years I've been in school health doing health promotion with pupils 6-18 + years. But as we in Norway have most children in ordinary schools this involves working with all kind of disabilities as well. For some time I've been working in Russia and Palestine as supervisor and physiotherapist.
I got my Physiotherapy education from Oslo and my "Can san" from University of Oslo.
I've also been a lecturer at the Physiotherapy education in Oslo and are still doing some lectures/supervision at the continuous education program for Pediatric Physiotherapy. I also do some upgrading courses for physiotherapists working with children administrated by Norw. Physiotherapy Association.
My special interest is in the specific challenge to work with children and do just the most necessary to support their own possibility to develop and "grow". Often little input can do major changes when and if we have done a proper assessment. Working with children is definitely different from working with old stiff tissues and we have to be aware and really value this.

For questions or inquiries regarding the Practice Committee please contact Esther de Ru at esterderu@gmail.com

Pediatric Physical Therapy Education

Pediatric physical therapists around the world strive to provide the best care for children and their families. We continue to progress and improve our skills and our techniques to be effective and necessary practitioners for children with special needs. As our skills, profession and the world around us changes the educational system that prepares students and existing clinicians must also change and develop. We continuously strive to improve our education to provide the best learning opportunities in order to create the next generation of pediatric therapists. This newsletter's focus is on education and provides a brief glimpse how it is structured and carried out in a couple different countries around the world. These accounts highlight the importance of continued learning as well as the importance of a driven and passionate teacher.

It is our hope that the accounts invigorate your passion for helping to create intelligent, empathetic and driven pediatric therapists who will go out into the world and be the change.

Structured Educational Opportunities: A look at new programs in Switzerland and the United States

The Swiss Academic and Clinical Pathway to Pediatric Physiotherapist:

Information from the Swiss Association Paediatric Physiotherapist „Physiotherapia Paediatrica - *PP*"

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The Swiss Association *Physiotherapia Paediatrica PP* was founded 1999, June 19. One of the purposes is to call upon recognition and to create a platform for networking in the professional interests of pediatric physiotherapists in Switzerland and another matter of *Physiotherapia Paediatrica* concerns the national health policy {Wefak}. New regulations were introduced in 2000,

currently a constitutional amendment and the bilateral agreements with the EU require a nationally-harmonised educational system {Sottas}. Therefore members of the *PP* have taken place in diverse committees of Physioswiss, the Swiss Association of Physiotherapists with good networking that has opened doors into the Swiss universities of applied sciences. In 2006 the Swiss Universities of Applied Sciences offered the first BSc studies for Occupational Therapy, midwifery and nutritional counselling and Physiotherapy, and as of 2010 the MSc-Physiotherapy. These studies are offered in German, French or Italian languages. Since 2012, Switzerland has now two ways to become a Pediatric Physiotherapist: **the academic and the clinical pathway**.

The Zürich University of Applied Sciences (ZHAW) kicked off in 2011 the first CAS (Certificate of Advanced Studies) in specialised pediatric Physiotherapy. {Educon Abstract 37.005} All students have successfully graduated! This is the start of the Swiss MAS-Pediatric Physical Therapy, which has been approved in October 2012. It is the first Pediatric Master in Advanced Studies in the German speaking region in Europe. By 2015 we can expect the first Swiss MAS-PP to graduate. The ZHAW has already started off research projects in paediatrics for occupational therapy and will now be followed by research projects for pediatric physiotherapy. A Center for Pediatric Research is now establishing at the Zürich University of Applied Sciences ZHAW. We can look forward to the first PhD Graduations of Pediatric Physiotherapists in Switzerland!

Students can apply ”sur dossier” for a CAS or MAS in Paediatric Physical Therapy at the ZHAW. Several methods are being credited for example CAS-NDT BFH, NDT or Vojta, Autogenic Drainage, Sensory Integration, Castillo Morales. This is a good opportunity for all, who have already done some education, to continue their academic studies and work on the basis of evidence based practice.

The Berner Fachhochschule (Bern University of applied Sciences BFH) provides the CAS-Neurodevelopmental Treatment (NDT), German or French spoken. This CAS is open for all professionals, who want to learn the NDT-Method after which students can attend the CAS-NDT-Baby, which teaches NDT for children aged 0-2 years old. The CAS-NDT can also be taken within the area of specialisation “Neuromotor Function and Sensors”, when studying the MAS-Rehabilitation.

To balance the new trend for academic training and to upgrade and validate longstanding clinical careers as practitioners the Swiss Association of Physiotherapy has decided to constitute a process and certification for clinical specialists (Clinical specialist Physioswiss) {Educon Abstract 37.002}. 2012 the first Physiotherapists (*PP* -members!) successfully qualified themselves in the pilot phase. They have proven to be skilled and experienced in Clinical Pediatric Physiotherapy by completing the Physioswiss folder (Portfolio) and supervision. In the clinical path, one acquires expert competency by proving continuing education of a minimum of 800 course hours in the specialized field as well as proof of 1200 hours clinical / reflective practice based on a minimum of 5 years, 100% clinical practice (or equivalent). The final competencies of a clinical specialist are described using the CanMEDS Role Model {Sottas}. Those professionals, who take the academic path, successfully complete the course work in a clinically based MAS program offered at a university of applied science, a transition period until the end of 2016 will be necessary{Educon Abstract 37.002}.

In the meantime many courses are still being offered by groups teaching methods used in pediatric physical therapy in our country. *PP*-Members take part in existing working groups of professional providers of education for paramedic professions and courses like NDT, Sensorik

Integration, Halliwick Swiss and Hippotherapy children. Many of these courses are instructed in German, French or Italian.

In a time of Academic Continuous Professional Development (CPD) a change of thinking needs to happen by the Physical Therapists. Patient-centred care in a health system necessitates a move towards more multi-professional and interdisciplinary approaches {Educon Abstract 42.002}, however this approach should not be new in Pediatric Physical Therapy. The increasing importance of evidence based physical therapy demands also clinical experts, as well as the need for extended skills is even more evident today.

Pediatric physical therapists and the educational system in Switzerland are going through a change. The therapists have to find their way within the new structure and there are different ways to pursue.

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Residency and Fellowships: Developing Pediatrics Physical Therapists in the United States

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In the United States, the development of American Physical Therapy Association (APTA) credentialed residency and fellowship programs to promote advanced and specialized clinical practice in physical therapy (PT) began approximately 15 years ago, however, the development of pediatric residency and fellowship programs has evolved only in the past 5 years. Because of the diversity of practice settings and patient populations in pediatric PT, residency and fellowship development in pediatric PT has some unique challenges. The purpose of this article is to provide a brief overview of residency and fellowship goals, development, and future directions.

A clinical residency is a planned program of postprofessional clinical and didactic education	***A clinical fellowship*** is a planned program of postprofessional clinical and didactic education

for physical therapists that is designed to significantly advance the physical therapist resident's preparation as a provider of patient care services in a defined area of clinical practice. It combines opportunities for ongoing clinical supervision and mentoring with a theoretical basis for advanced practice and scientific inquiry.[1]	for physical therapists who demonstrate clinical expertise, prior to commencing the program, in an area of clinical practice related to the practice focus of the fellowship. (Fellows are frequently post-residency prepared or board-certified specialists.) A fellowship program must possess a curriculum that: 1) is focused, with advanced clinical and didactic instruction within a subspecialty area of practice; 2) is intensive and includes extensive mentored clinical experience; and, 3) provides a sufficient and appropriate patient population to create an environment for advanced clinical skill building.[1]

As a profession, physical therapy has supported the development of residency and fellowship programs to strengthen professional skills and create leaders in the clinical setting. The path from novice to advanced clinician can be enhanced by a clinical residency program through mentoring, structured clinical and academic learning experiences, leadership development, teaching, and research.[2] Clinical specialization and advanced clinical practice is often discussed by leaders within the APTA as essential to continued growth as a profession.[3-6] Clinical residency and fellowship programs are important extensions of physical therapy education for PTs to become autonomous and specialized practitioners to engage in collaborative health care and earn the respect of medical colleagues and also to support advanced clinical practice for doctors of physical therapy to meet the societal need for therapy services.[5,6]

A primary goal of residencies and fellowships is to promote advanced and specialized clinical practice in physical therapy. Residencies may also prepare physical therapists to become board-certified clinical specialists. Advanced clinical practice is often characterized by knowledge, clinical reasoning, expertise in movement/function, and professional virtues. Expert practitioners have a multi-dimensional knowledge base and are reflective, self-driven learners with advanced critical thinking skills. They demonstrate effective clinical reasoning skills with the ability to solve complex problems and reflect on outcomes. They have skillful manual and observational skills that center on functional movement abilities. Finally, expert practitioners demonstrate professional virtues such as integrity and respect with a focus on patient-centered well-being.[3,7] Residency programs are designed to promote expert or advanced clinical practice through mentored learning activities, broad clinical and evidence-based practice or research experiences, and facilitation of critical thinking skills. Due to the intensity of the programs, residents and fellows make sacrifices both financially and personally to pursue advanced learning, however, their path to specialized practice provides and opportunity to be mentored by leaders and other clinical specialists.

Establishing a pediatric PT residency or fellowship begins with review of residency and fellowship development resources on the APTA website,[8] collaboration with other PT professionals and attendance at APTA sponsored residency and fellowship development educational sessions. Also, an evaluation of general practice and curriculum resources, faculty availability, and financial factors needs to be considered at the local level. Once the foundation of a residency or fellowship is laid, the credentialing process begins by recruitment of a first resident

or fellow and completion of the APTA Application for Initial Credentialing and Re-Credentialing of Residency & Fellowship Programs.[8] The credentialing application is reviewed by members of the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) and then a site-visit is scheduled to complete the credentialing process. This entire process from start to credentialing can take as long as two years due to planning, curriculum development, resident recruitment, and the application process itself.

The Pediatric Physical Therapy Description of Specialty Practice (DSP)[9] provides a roadmap for the curriculum of a pediatric PT residency program. It identifies and defines the areas of specialty clinical practice in pediatric PT. The DSP provides guidance for developing a residency curriculum that reflects practice in various settings and across broad diagnostic populations. During the credentialing process, a residency program must describe how their curriculum supports the contents of the DSP through clinical, didactic, and research activities. Similarly, a practice framework and evidence-based practice guidelines have been published to identify the components of a pediatric PT subspecialty in neonatology for the development of a fellowship in neonatal physical therapy.[10,11]

Each of the current credentialed residency programs are unique and offer different strengths in terms of clinical and research experiences, practice settings, and faculty expertise. Many of the programs include a leadership training component through LEND (Leadership Education in Neurodevelopmental and Related Disabilities) programs at their institutions.[12] LEND training complements the residency curriculum through learning topics such as cultural competency, ethics, research, interdisciplinary leadership skill development, family systems, and health policy and legislation.

The future of residency and fellowship training is promising, but not without challenges due to the broad scope of pediatric physical therapy practice. Despite consistent growth since the first pediatric PT residency was credentialed in 2007, only 9 credentialed residencies and 1 credentialed neonatology fellowship currently exist. The APTA Section on Pediatrics has supported residency and fellowship development through grants for credentialing fees as well as the creation of a task force to provide education and resources to section members pursuing the development of a residency or fellowship program. As we continue to support the development of residency and fellowship programs for specialization and advanced clinical practice, our greatest challenge will be creating enough programs to support all of the exceptional applicants. Beyond just becoming an advanced practitioner, a pediatric PT residency or fellowship is a journey of learning, reflecting, practicing, collaborating, teaching, and re-defining practice as a physical therapist.

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Practicing within the classroom: A look at an educational option for preparing students to be skilled clinicians

Standardized Patient Encounters: an Effective Educational Tool

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Physical therapy programs are continuously challenged to find ways to incorporate realistic clinical simulations within the learning environment. The evaluative criteria for accreditation of physical therapy education articulates the expectation that the collective faculty will determine students' readiness to engage in clinical education.[1] A realistic and rigorous simulation of the

cognitive, psychomotor and affective demands of physical therapy practice in a "safe" environment can serve to enhance the skill, confidence, and effectiveness of the student intern.

The use of standardized patients (SP) or simulated patients was initially developed in the 1960s and is subsequently used extensively in medical education and residency training programs.[2] SP simulations involve the use of actors and others who are often coached by faculty to portray signs and symptoms of an impairment or pathology during an interaction with an aspiring health care provider. Widespread adoption of the SP methodology by the American Association of Medical Colleges occurred in 1992 as proceedings for the "Consensus Conference on the Use of Standardized Patients in the Teaching and Evaluation of Clinical Skills" was published in Academic Medicine.[3] SP methodologies have proven effective in promoting and assessing students' ability to problem solve and perform complex clinical reasoning in a simulated and therefore safe environment prior to patient care.[4]

More than 30% of physical therapy programs are now employing SP methodologies within their curricula in order to foster a variety of important patient management skills.[5] Scenarios using SPs have been used in physical therapy education to assess and enhance communication skills, patient interviewing techniques, psychomotor skills, and problem solving abilities.[4-7] At The George Washington University, we integrate a minimum of six standardized patient encounters in the curriculum. Each encounter emphasizes an important required skill for quality physical therapy practice; the encounters increase in complexity and difficulty as the student progresses through the curriculum.

The Surgeon General cited the lack of adequate training of health professional to meet the needs of persons with intellectual and developmental disabilities (IDD).[8] In order to address this omission, we designed a pilot program to provide experiential training using SP encounters conducted by SPs with IDD. A number of individuals with IDD were recruited, employed and trained to portray patient cases. The cases required the student participants to conduct general examinations as well as perform focused assessments such as falls' risk, nutrition, and readiness for physical exercise. Students were recruited from a variety of disciplines and placed in interprofessional teams. Each student team consisted of 3 aspiring health professionals: a physical therapist student, an MD student and either a nurse practitioner and physician assistant student. The teams rotated through "cases" portrayed by the SPs. Although the collaborative effort required to plan and conduct the sessions was extensive, the focus group feedback affirmed the value of the activity. Students valued the opportunity to gain experience and confidence in interacting with persons with IDD, especially in an interprofessional context. Similar to the findings of Thacker et.al.,[9] students believed the encounters enhanced their ability to effectively communicate with someone with IDD and the experience contributed to a positive attitude regarding the overall competence of persons with an intellectual disability. The SPs also indicated how much they appreciated the opportunity to serve as "teacher" to their future doctors, nurses and therapists.

We are continuing to explore additional ways to use the standardized patient simulation to enhance the preparation of students for clinical practice, including the physical therapy management of children and families. In today's challenging health care environment, education programs bear an increasing responsibility to place students who are well prepared for the complex learning environment of the clinic. The thoughtful integration of standardized patient encounters may serve as an increasingly useful tool to prepare students for their professional roles.

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Education beyond the classroom walls: A look at innovative programs in Ethiopia and the United States

Three Perspectives: Reflections on Pediatric Physiotherapy Education in Ethiopia

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My name is Anneloes Overvelde. I am a Dutch pediatric physiotherapist with 35 years of experience. I am teacher in the professional masters program in pediatric physiotherapy at the Avans+ University for Professionals in Breda, the Netherlands. Moreover I am PhD candidate and my research focuses on motor learning in children. I am just back after a two months teaching period at the Physiotherapy Master of Science at the Gondar University in Ethiopia.

Ethiopia is a developing country in the horn of Africa with over 90 million inhabitants from which about 85% lives in rural areas. Ethiopia has only 300 BSc physiotherapists, graduated at the only physiotherapy education in Gondar, the second large city after Addis Ababa. The MSc Physiotherapy was started in 2010, the core modules are supported by Leicester University (UK) and foreign teachers are invited to teach practice in orthopaedic, traumatic, neurological and pediatric physiotherapy. I coached 5 students in the second MSc curriculum. Although the selection procedure was strong, their practical experience on children was lacking: they had treated only a handful of children before starting the pediatric course!

So where to start with teaching pediatric physiotherapy in this developing country where healthcare exists of only basic primary care in children with severe medical diagnoses like Tuberculosis, Acute Juvenile Arthritis, meningitis, or Cerebral Palsy, Spina Bifida, or severe consequences of traumata like burn injuries or high bone displacement after fractures?
We started with observation of motor development and performance in normal children and we asked parents of the lovely Ethiopian babies and toddlers for their participation. With this picture, my students were able to identify impairments, abnormal skills and loss of participation in atypical development and performance. Our training and advice were directed not on how to walk, but on to get a child into walking (again), not on how to write but on to get a child manipulating tools, thus on basic skills to improve participation in severe living circumstances in the rural areas.

Ethiopia has no education in occupational therapy nor in speech therapy. Therefore, in Ethiopia with its many disabled children, pediatric physiotherapy has to be broad with a strong focus on problem-solving to optimize participation from these children.

Pediatric physiotherapy in Ethiopia is in its early babyhood. Teaching in this lovely developing country does not only provide the chance for the country to develop, it is also a great opportunity for yourself to develop and improve your teaching and practice skills!

My Name is Mesay, I am one of the candidates for the masters of physiotherapy, I have nearly 5 years of postgraduate clinical experience, since I was working in Army hospital, my clinical exposure was confined to adult care. The paediatrics clinical practice module was a bit demanding in the first weeks. But thanks to Anneloes (my Pediatrics instructor) with her tedious effort she managed to transfer some of the basic PPT hands-on skills, which made it an easily and enjoyable course. Utilizing the ICF-CY as a tool for patient case analysis has helped my clinical problem solving skills take a step ahead.

As part of the course accomplishment we were expected to prepare a guideline, and mine was a “guideline on assessment of normal infant development.” I was facing some difficulty due to scarce reference materials and inaccessible assessment tools, which were resolved by the help of my instructor. During the preparation, I have noted that some of the subcomponents of the assessment tools might not work at all in Ethiopia and furthermore some of common major activities in Ethiopian socio-cultural context were overlooked, hence for the future it prompted me to conduct a validity study of those assessment tools and the results might implicate the necessity of modification before clinical application.

Finally, I would like to say that the course was not merely a class of enhancing my theoretical and practical PPT skills, but also a chance for improving my innovative and critical analysis skills.

Maria, a girl of 4 years old with severe burn injuries: *(left to right)*
1: our first contact with Maria, about one week after her burn injury
2: functional training with blocks, the only tools we had at the department
3: Maria likes to push her little brother, she's improving her abduction range
4: after three weeks, Maria, her mother and little brother are going back home to the rurals, about 40 km from Gondar, a short distance, but it takes a five hour drive by bus and another three hours walk to get there

Sami, a boy of 9 years old, known with CP, is recovering after a meningitis. Sami and Mesay are enjoying this shoulder stability training.

My name is Senait Demeke, final year MSC student in general physiotherapy at Gondar University, Ethiopia. I have worked for two years before I started my master's study though I hardly practiced with pediatric patients.

Gondar University is 60 years old and one of the largest universities in Ethiopia. In addition to physiotherapy it gives medical and other health science courses. The physiotherapy department opened about 10 years ago, and since then it has graduated 250 Bsc students in the undergraduate study and only 5 of them were graduated as MSc in the first previous masters program.

As a student I have enjoyed the courses and the clinical based teaching modules. Especially practicing with patients was nice. It was also a very good experience to work with the foreign teachers who told me about the health care provision in the western countries.

Specific to pediatric physical therapy, I spent an interesting time with the children and a lovely tutor from Holland. The course has given me an excellent knowledge on how to handle children

who are disabled and how to approach pediatric patients. The focus of our day to day activity was on a holistic approach to the children and letting them be functional.

Apart from the clinical practice, preparation of a guideline was one task for the students. This really helped me to translate the theoretical knowledge and practical items for my country. Our tutor has supervised us from the beginning to the completion of the guideline. I have done my guideline on congenital muscular torticollis (CMT). As the profession is in its early babyhood in our country, the preparation of guidelines will help all the professionals and the profession to move one step forward. It also helps patients to get a better service.

Although the masters program is going well, the University has faced some challenges to make it continue. One of the big challenges is to get experienced teachers from abroad as there is no one within the country. Another challenge for the teachers may be that they face difficulty to communicate with most of the patients.

After 2 months of intense work together, we had a lovely farewell party with African dance!

A model for interprofessional education, collaboration and community engagement to address the healthcare needs of individuals with intellectual and developmental disabilities.

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The creation of interprofessional education (IPE) in healthcare education has become increasingly prevalent in recent years. Collaborative community service to address unmet needs and underserved populations has been a hallmark of the George Washington University School

of Medicine and Health Sciences and the School of Public Health and Health Services for nearly two decades. The model has evolved as needs and partnerships have changed over the years. The purpose of this article is to outline the components of a combined ten-week (IPE) course taught to Doctor of Physical Therapy and Masters of Physician Assistant students during a single semester to address the needs of individuals with intellectual and developmental disabilities (IDD) in the DC Metropolitan area.

Session	***Activities***
1	*Introduction, Team Building – "Meeting" the IDD Community* *Case Study: Who is my client? What are their needs? What disciplines of healthcare address those needs? How do we work in interprofessional clinical teams?*
2	*Guest Speakers/Expert Panel and Q&A – Advocacy, Cultural Competency, Teamwork and Challenges* *(Physical Therapist, Physician Assistant, Social Worker, Registered Nurse, Lawyer & Parent)*
3	*Evidence Based Medicine – Pair and Share Activity*
4	*Development of Booth Activities & Best Practices* *Guest Speaker/Expert Experience – Physical Therapist Perspective (PT Advocacy in the Judicial System for two generations of clients with IDD not receiving services)*
5	*Development of Booth Activities, Best Practices, Resource Negotiation, Evidence Based Medicine, Anticipating Common Experiences*
6	*Community Engagement Activities in the Greater DC Area* *Guest Speaker/Expert Experience – Physician Assistant Perspective (Bread for the City Healing Clinic)* *Resource Development – What is in place? What is still needed?*
7	*Health Exposition "dress rehearsal" – Mock clients (GW faculty and staff) provided to model reactions, attitudes and behaviors students might anticipate during Health Exposition*
8	*Culminating IDD Health Exposition* *National Community Center* *Guest Speaker/Expert Experience: Director of DC Department on Disability Services*
9	*Student Debriefing Session & Student Written Reflection – Next Steps…*
10	*Celebration, Reflection, Guest Speakers* *Guest Speaker/Expert Experience: L'Arche Greater Washington – Community Member and Assistant Q&A*

Throughout a 12 week semester, 102 students served on one of ten mixed discipline teams. Each team focused on an area of particular concern to the adult and emerging adult IDD community: Balance and Falls Prevention, Cardiovascular Health, Dental Health, Endurance, Family Caregiver Health, Flexibility, Medications, Nutrition, Sexual Health, and Strength. Students engaged in a variety of self-study, review of current evidence, personal & peer reflection, and adult learning activities in order to develop an interactive and population specific medical information booth pertaining to their specific topic and tailored to the needs of the IDD community.

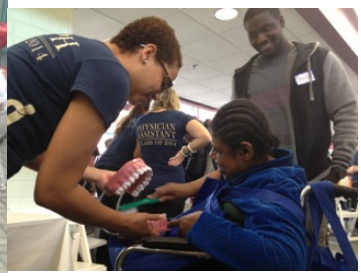
Before each didactic session, students completed an individual priming activity; after each session, students engaged in individual and team activities to augment understanding of the objectives discussed in the didactic sessions. All sessions included group learning activities

designed to enhance personal professional identity as well as interdisciplinary professional roles. After several weeks of didactic training and guest speaker perspectives offered by scholars and practitioners familiar with the IDD community, students began engaging in community interaction opportunities with agencies like L'Arche Greater Washington, Potomac Community Resources, and Arlington Little League. These opportunities better prepared students to implement client education activities at a culminating Health Exposition in southeast DC at National Children's Center. With the support of DC's Department on Disability Services, they worked collaboratively within and across teams, within and across disciplines, and among a team of clinicians both at GW and from community partners serving the IDD community.

Student reflections (from Course Evaluations):

- I loved working with the IDD community - this was a great way to get out in the community and remember why we entered school. This was great exposure for us, and gave me a lot of things to draw on for when I'm practicing as a clinician. It took some of the intimidation away for how to treat persons with intellectual or developmental disabilities, and that is very valuable.
- It was great to meet and work with other student clinicians - there was an ease to it, and I never felt any competition or hierarchy. I felt like it was a great opportunity to build a bridge between professions, and enjoyed working with the students in my group.
- This class brought up a lot of issues and ideas that weren't on my radar before, and I was glad for the experience. The expo was such a great experience to learn more about the IDD community and to work with student clinicians from other disciplines.
- I really enjoyed the panels. I learned a lot from hearing from different "experts" and I enjoyed getting to know my group.
- I really appreciated working with the students from other programs. I felt as though the dynamic between the PA, PT and PA/MPH students went well! I also really enjoyed the group service project. I LOVED the service component and really enjoyed the community experience. I think class time could have been enhanced in terms of content (i.e. what do PTs and Pas do and how do they logistically work together to enhance patient care?)





Did you know…

- The IOPTP has a **list of resources** that are available to physical therapists around the world? Check out the resources tab on the website or the PDF that lists the resources for sharing: http://wcpt.org/sites/wcpt.org/files/files/Guidelines_IOPTP-December2012.pdf

  More resources, information and discussions can be found on our Facebook page. **Join the International Organization of Physical Therapists in Paediatric page today**

WCPT News:

- The WCPT has established ***guidelines for entry-level programs*** for physical therapists as well as other educational guidelines. They can be found at: http://wcpt.org/policy-list-by-category#Education

- Check out the updates and newest information on the ***ICF***
  http://wcpt.org/sites/wcpt.org/files/files/GH-ICF-Update-2012-Final.pdf

- The WCPT newsletter contains information about the ongoing partnership between the WCPT and ***WHO*** (World Health Organization) as well as the creation of a new subgroup- ***The International Oncology, Palliative Care, and HIV/AIDS Physical Therapy Association (IOPHPT)***

Stay tuned for more information on the next WCPT Congress

We are seeking submissions for the next newsletter. The next newsletter is a diagnosis specific newsletter addressing: Torticollis. We welcome all submissions about treatment techniques, use of adjunct therapies, resources, etc.

Submissions are due June 15, 2013.

Please send submissions to Erin Wentzell at ewentzell@gmail.com


WCPT World Physical Therapy Congress 2015
1-4 May 2015
Singapore
Mark your calendar now!