The IOPTP Newsletter

The International Organisation of Physical Therapists in Paediatrics

Edition 20, June 2018

President's Message

Greetings to all of you, IOPTP has lots of news to share. This issue includes announcements from WCPT regarding the upcoming 2019 Congress in Geneva. We hope to see many of you there. IOPTP will be hosting a member reception, networking sessions and business meeting in Geneva. Note that the call for abstracts is up on the WCPT website. We are hoping for good representation from our paediatric members.

Our IOPTP committees continue to work diligently to provide resources for you related to Education, Research, Practice and Communication.

We encourage your input and ideas for any committee. We are recruiting members to support communication through the newsletter and social media. We welcome your ideas for ways to reach each organization and its members.

Another exciting announcement from our Education Committee: The IOPTP has entered into an affiliate partnership with MedBridge, a company offering online continuing education including pediatric physical therapy. Members of IOPTP Subgroups will be able to purchase an annual subscription at a reduced rate of $200 USD for 12 months with access to all courses available. We hope that many will find valuable learning experiences through MedBridge courses. See the banner and note the code to receive the reduced price for the annual subscription.

We are so proud to announce that the IOPTP Vice President, Professor Ria Nijhuis – van der Sanden received a royal decoration 26 April 2018 from the Mayor of the City of Nijmegen Mr Hubert Bruls. Ria was recognized for her research, education, and service in the Netherlands.

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

ewentzell@gmail.com

Ria being greeted in her office to join the crowd gathered

Receiving her medal as her husband looks on (to the right)

Ria's children and grandchildren join in the celebration

We also send congratulations to our Treasurer, Grace O'Malley, upon the birth of her first child. We hope to share pictures and a name when Grace is back in touch.

Please feel free to contact me, the other officers, and committee chairs at any time to ask questions, offer suggestions, and volunteer to serve as an officer or on a committee. We will be voting on new member organizations as well as officers in Geneva.

Best regards,

Sheree York

Sheree York PT,DPT,PCS,cNDT

President, IOPTP

Committee Spotlight: The Education Committee

The Education Committee of the IOPTP is comprised of the following members:
Barbara Connolly - Chair (USA) Mulugeta Bayisa (Ethiopia) Donna Cech (USA) Bülent Elbasan (Turkey) Cornelia Neuhaus (Switzerland) Jacqueline Nuysink (Netherlands) Lucie Pelland (Canada) César Sá (Portugal) Yasser Salem (USA) Claudia Sarno (Italy) Lana Svien (USA) Vivienne Travlos (Australia)

With each newsletter I would like to introduce new members of our Education Committee. In this issue, please meet César Sá who has a degree in Physiotherapy by the Escola Superior de Saúde - Instituto Politécnico de Setúbal (2006), a Postgraduate in Water Activities by Manz / Universidade lusófona., and a MSc in Exercise and Wellness by the Universidade Lusófona. He is vice-president of the Interest Group of Hydrotherapy - Physiotherapy in Aquatic Environment (GIH-FMA) from the Portuguese Association of Physiotherapists (Associação Portuguesa de Fisioterapeutas - APFISIO) and a board member of the of the APF since 2016. He has published several articles in the National Journal of Physiotherapy of the Portuguese Association of Physiotherapists (APFISIO) and other national magazines in the area. Since 2005 he has worked in Hydrotherapy - Physiotherapy in Aquatic Environments with older people and children with several diseases and disabilities, in two swimming pools, giving individual support and group classes. Since 2008, he has worked with babies and children with several diseases in Institution (CERCIMB) and has been a Board member of CERCIMB since 2016. Additionally, he has served as a clinical counselor in the Physiotherapy course at the Escola Superior de Saúde da Cruz Vermelha Portuguesa (ESSCVP) since 2012 and professor since 2016. He has organized courses and workshops of Physiotherapy in Paediatrics and Hydrotherapy - Aquatic Physical Therapy in Portugal and was a speaker at various courses, conferences and workshops in those areas. He has been named "best young investigator" at 2 international congresses. Since 2015, he has been a Network Facilitator of Aquatic Physical Therapy International (APTI - an affiliated network group of WCPT).

EDUCATION COMMITTEE REPORT

Currently, our activities are focused on the identification of pediatric content that should be considered in professional entry level educational programs. A survey regarding entry level educational programs and pediatric content was gathered from our member countries between November 2016 and October 2017. A discussion regarding initial responses was held at the WCPT meeting in South Africa in July 2017 and a final report will be presented at the WPT meeting in Geneva, Switzerland in May 2019. We were pleased to have an 83% response rate on our survey with 20 of 24 members (member elects) supplying information. A subcommittee of our group is working on identifying meaningful concepts in the current WCPT entry-level education guidelines and linking the content from our survey to existing guidelines. We will be providing you with more information once this subcommittee has completed the assigned task. **Thank you** to all our member countries who provided the information on the survey. We gathered information about international collaborations as well.

Another one of our subcommittees is beginning to identifying member countries who have specialization within their parent organization. We are hoping to have a discussion about specialization with our member countries during the coming year and to share information on our website.

On our survey, we also gathered information about international collaborations for students, clinicians and educators and will be analyzing the responses in the coming months. We discussed these collaborations at the roundtable discussions in South Africa and will consider recommendations from that meeting as well.

Lastly, we are happy to share a new resource for professional development courses for our members. The IOPTP has become an Affiliate with MedBridge, Inc., an on-line company that provides high quality evidence based continuing education, patient education, and home exercise programs. Our affiliation with MedBridge will allow our IOPTP members to access the hundreds of pediatric courses led by PT experts in the US at a reduced rate. You can view the available courses at www.medbridgeeducation.com as a preview. MedBridge offers courses in pediatric occupational therapy and speech language pathology which would be available to our members as well. More information on accessing the courses has been be posted on our IOPTP website.

Respectfully submitted,

Barbara Connolly Ed.D, DPT, FAPTA

Chair, Committee on Education IOPTP

Founding President - IOPTP

MEDBRIDGE

The IOPTP has a NEW exciting partnership with MedBridge for on-line continuing education. Reduced annual rates are available to IOPTP members. More information is available about access and the variety of courses under Educational Opportunities on the IOPTP web page

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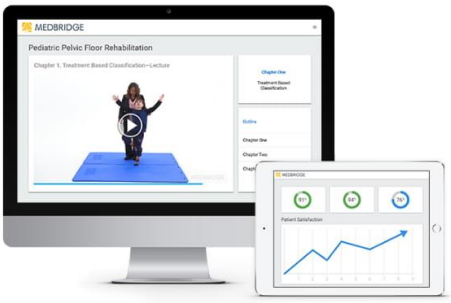

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Committee Spotlight: Introducing New Members of the IOPTP Research Committee

Chantal Camden, PhD. Canada. Email: chantal.camden@USherbrooke.ca

Chantal is an Assistant Professor at the school of Physical and Occupational Therapy at Sherbrooke University. She completed her PhD in Rehabilitation Sciences from the University of Montréal and her Post-Doctoral training at *CanChild*. Her research focuses on developing, implementing and evaluating evidence-based interventions and service delivery models for children with disabilities. She is currently involved in projects using Developmental Coodination Workshops to implement DCD best practices. She is also part of the *CanChild* Partnering for Change team and works on system-level analysis on the implementation of this new school-based service delivery model. She is also involved in school-based services in Québec, Canada, and currently explores different strategies, including multimodal web-based services, to develop Tier 1 services. Most of Chantal's projects use participatory-action research approaches and engage stakeholders to improve service delivery to children with disabilities. Chantal is also involved in global health projects. She likes outdoors and actively promotes work life balance ;)

What she brings to the KT committee in three (3) words: Collaboration, strategies and fun ;)

Tordis Ustad PhD, Norway. Email: tordis.ustad@gmail.com

Professional background: Clinical specialist in paediatric physiotherapy in the paediatric department at St. Olavs Hospital, Trondheim University Hospital, Norway. Previous position; Community based

physiotherapy working with infants and children. Lecturer on further education courses in paediatrics for physiotherapists.

My field of interests are children with neurological diagnoses, cerebral palsy, infants born preterm, general movement assessment, motor function, motor performance and early intervention. This is reflected both in my clinical work and in my research. I completed my PhD in clinical medicine at the Norwegian University of Science and Technology December 2016. The title of my dissertation was "Physiotherapy in infants born preterm. Measurement tools for assessing motor function in infancy and a randomised controlled trial of early intervention to optimise motor function."

Manon Bloemen PhD. The Netherlands. email: manon.bloemen@hu.nl

Manon Bloemen was born on February 24, 1976 in Oldenzaal, the Netherlands. After graduating from the University of Applied Sciences Enschede as a Physical Therapist in 1999, she started working as a physical therapist in pediatric rehabilitation and finished her specialization as a Pediatric Physical Therapist (PPT) in 2004 at 'Transfergroep Rotterdam'. After finishing this education, she lived in Reykjavik (Iceland) for 1.5 years; combining her work as a PPT with exploring this beautiful country. She moved back to the Netherlands at the end of 2005 and started working as a PPT at Rehabilitation center De Hoogstraat (school for special education Mytylschool Ariane de Ranitz). As she wanted to be part of improving the scientific base of pediatric physical therapy and the quality of care, she started her education as a Clinical Health Scientist (Clinical Health Science, Physical Therapy Science at the Faculty of Medicine) at University Utrecht, while continuing working as a PPT. The central theme during this study was testing and training physical fitness of children with physical disabilities. She received her Master of Science degree in 2009. Overall, Manon has extensive working experience as a PPT in the field of pediatric rehabilitation and has also worked as a PPT in several private practices. During the last year of her Master of Science education, she combined her work as a PPT with working as a lecturer at the Master Program Physical Therapy, specialization Pediatric Physical Therapy, of the HU University of Applied Sciences Utrecht. Furthermore, to develop herself as a researcher, she started as a research assistant at the Erasmus Medical Center Rotterdam in 2010. In 2011 she got the opportunity to start as a researcher in the Research group Lifestyle and Health of the HU University of Applied Sciences Utrecht, within the HALYNeD study (Healthy Active Living Youth with Neuromotor Disability: 'Active now, Healthy Later'). Since then, she combined research with lecturing activities; integrating research into the educational program. She was part of the TULIPS PhD program (Training Upcoming Leaders In Pediatric Science) 2016 - 2018. She finished her PhD on physical fitness and physical behavior in (wheelchair-using) youth with spina bifida in June 2017 (Utrecht University, Faculty of Medicine). Her research focuses on children with disabilities: physical fitness and participation in physical activities. Her PhD thesis can be viewed online via www.manonbloemen.hu.nl or can be requested full copy through manon.bloemen@hu.nl. Currently, she is living with her two children, Faas and Lilly Bazen, and her boyfriend, Martijn Bazen, in Utrecht, the Netherlands.

Maureen Rinehimer PhD, USA Email: mrinehim@misericordia.edu

Assistant Professor, Misericordia University Dallas, PA. USA

Maureen is an Assistant Professor in the Department of Physical Therapy at Misericordia University. She completed her Ph.D. in Health Sciences with a concentration in Movement Science from Seton Hall University in 2017. Her research focuses on infants' and parents' needs in the Neonatal Intensive Care Unit (NICU). She plans to continue her research using the valid and reliable questionnaire that she developed to further study the parent's needs in the NICU. She participates with the pro bono clinic at Misericordia University with children in the local community. Also, Maureen continues her clinical work in the NICU and in Early Intervention with infants and the 0-3 year-old population. After 30 years + clinical experience, she is continually learning and developing her educational skills to improve her teaching in academia. Maureen would like to become involved in global health projects. She enjoys service to the community, university, and church.

Clinical Spotlight: A Strategy for Early Developmental Assessment of Infants.

Suzann K. Campbell, PT, PhD, FAPTA

Planning a strategy for assessing development in early infancy takes into account: 1) likely outcomes of the population of interest, and 2) strengths and weaknesses of available assessment tools for identification of body structure/function impairments, activity limitations, and participation skills and challenges. This article provides a brief review of these issues and suggests an evidence-based developmental assessment strategy for therapists to use in the high risk nursery and developmental follow-up.

Outcomes

Follow-up of infants at risk for poor developmental outcomes should be adapted to identification of the most likely impairments recorded in the population of interest. Although all infants with preterm birth or other medical complications have an increased risk for developmental disabilities, those at highest risk are extremely preterm infants born before 28 weeks gestational age (GA). A recent review by Rogers and Hintz summarizes some of the most common risks that developmental specialists should consider when planning a follow-up assessment strategy for these and other high risk infants.[1] In resource-challenged countries, 90% of these infants die, while in high income areas, 90% survive but with high rates of developmental morbidity and use of health and development resources. Neurodevelopmental outcomes are associated with GA at birth, clinical stability, medical comorbidities, such as chronic lung disease, and acquired brain injury. In the U.S., typical incidences include: blindness in 2.2%, deafness in 4.3%, severe cerebral palsy (CP) in 6.2% and moderate CP in 8.7%. Of far greater incidence is cognitive delay in 51%, developmental coordination disorder which has a rate of 5-6% in the general population but increases by 19% for each week below term in the population of infants born preterm, a 4-fold increased risk of autism (prevalence 7.1%) and of attention deficit/hyperactivity disorder, a 9% prevalence of emotional disorders, and an overall rate of neurodevelopmental impairment of 58.5%. Infants born preterm, regardless of GA, are also placed at dual risk for poor developmental outcomes when also exposed to environmental challenges, such as being born into poverty with parents with low levels of education or drug abuse.[2]

Assessment Tools for Infants Under Five Months of Age

The opportunity to take advantage of sensitive periods of brain plasticity creates an emphasis on early identification of disabling conditions.[3] Although many of the most prevalent disabilities cannot be identified early, several tests are available with strong psychometric characteristics that should be in the workbasket of tools for the developmental therapist to provide the earliest possible identification of impairments and functional limitations.

Impairment assessment: Novak and colleagues recently published recommendations for establishing a diagnosis of CP before 5 months corrected age (CA) with high psychometric sensitivity and specificity by use of MRI in association with either the General Movements Assessment (GMA) or the Hammersmith Infant Neurological Examination (HINE).[4]

Functional activity assessment: Because the GMA and the HINE can provide strong evidence of neurologic impairment, but do not have evidence of usefulness as intervention outcome measures and do not identify functional activity deficits, I recommend use of the Test of Infant Motor Performance (TIMP) for identification of delayed motor development in early infancy.[5] Norms for performance are available based on assessment of 990 U.S. infants and norms will soon be available for the Chinese population. The TIMP is available in Portuguese and French, and a Chinese version is in development. A further advantage of the TIMP is ability to identify delayed functional activity from multiple causes, such as torticollis, Down syndrome, and cardiac conditions, as well as CP. Studies also support the use of the TIMP for teaching parents about the development of infants born preterm.[6-7]

Participation assessment: Few measures of participation are available for use in early infancy, but the Neonatal Behavioral Observations assessment provides the opportunity to assess the infant's ability to respond to interaction with a caregiver and is used as an intervention to inform parents about their children's behavioral challenges and abilities.[8] It is also useful for establishing excellent rapport between therapist and family members.

Recommended Early Assessment Strategy

Based on evidence for anticipated developmental morbidities and the psychometrics of available tests for assessment in infants under 5 months CA, I recommend the following assessment strategy, adapted to local conditions and resources:

1. During the high risk nursery stay, use the GMA repeatedly to establish an early estimate of risk for CP and the TIMP to describe the developmental trajectory of motor performance, identify delay, and inform parents about motor development in infants born preterm. Before discharge use results of these tests to determine need for treatment in the nursery and for referral for intervention post-discharge. Use the NBO as a teaching tool for parents to encourage recognition of infant behavioral state issues and skills for promoting social interaction with caregivers.
2. During follow-up appointments after hospital discharge, continue to use the GMA and the TIMP to identify, respectively, risk for CP and developmental delay or progress with therapy. Administer the HINE as an alternative to the GMA for assessment of risk for CP and for continued assessment of neurologic development after 4 months CA.
3. Continue to follow infants as they age with sensitive tests to identify the specific cognitive, motor, and behavioral issues that are most prevalent in high risk infant populations but may not be diagnosed until later ages. Remember that early motor delay may be a sign of pending delay in other areas of development that cannot be validly assessed until later ages.

Statement of Interests: The author is Professor Emerita, University of Illinois at Chicago, a developer of the Test of Infant Motor Performance (TIMP) and Managing Partner of IMPS, LLC, the publisher of the TIMP, http://thetimp.com.

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Clinical Spotlight: Torticollis of Infancy: the reliability of visual estimation in the assessment of cervical spine active rotation and head tilt by physiotherapists and the impact of clinical experience on that reliability.

Anthea Seager, BSc, MSc, Senior Physiotherapist, Temple Street Children's University Hospital, Dublin 1, Rep. of Ireland.

Email: anthea.seager@cuh.ie

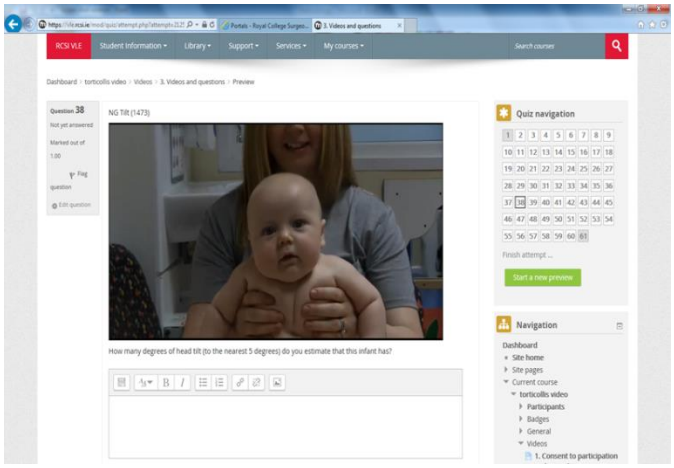
Introduction: Torticollis (Latin = *twisted neck*) is a clinical sign of asymmetric neck posture which may be the result of a variety of underlying disorders. It usually presents with the head side-flexed (tilted) to the ipsi-lateral side and rotated to the contra-lateral side. As many as 80 different entities have been described as potential causes for torticollis [1], but in infancy the most common causes are muscular in nature, which can be categorised as (i) Congenital Muscular Torticollis (CMT) - which presents in the neonatal period, with shortening of the Sternocleidomastoid (SCM) muscle ± fibrotic mass, or (ii) Postural Torticollis (PT) - which usually presents at a later stage than CMT, without morphological changes in the SCM, following persistent positional preference of the head [2].

A thorough assessment of cervical spine (CSp) function is essential as part of the diagnosis and management of torticollis [3]. Measurement tools specific to infants with torticollis have been described for the assessment of passive CSp rotation and side-flexion [4-6]; active CSp rotation in supine [6]; postural head tilt in supine [7]; and lateral head righting [8]. However, measurement properties have not been described for the assessment of postural head tilt or active CSp rotation in the upright position. Furthermore, the majority of physiotherapists use visual estimation as their main assessment tool in clinical practice [9-11], which has not been adequately tested for reliability in this population.

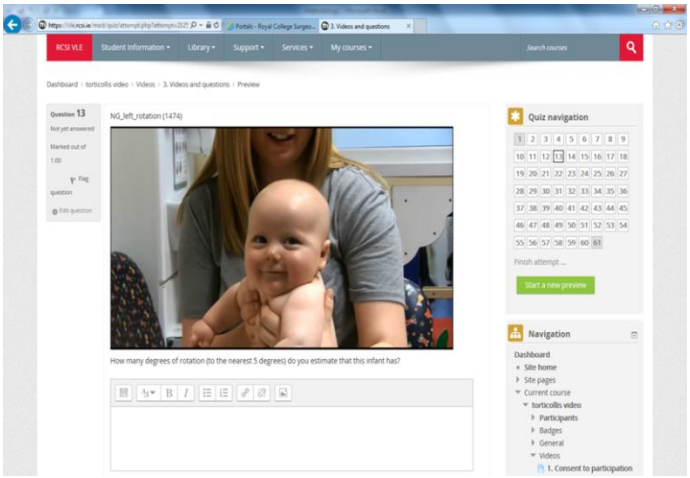
Aims and Objectives: The aim of this study was to examine the reliability of visual estimation as a method of assessment of head tilt and active CSp rotation in the upright position, on infants with torticollis by physiotherapists. A further aim was to examine the impact of the physiotherapists' clinical experience on their reliability.

Methodology: This was an observational (reliability) study, which involved the recruitment of 31 infants and 26 physiotherapists. Videos were taken of the infants in an upright position, in order to record their head position in the frontal plane (anterior view) and active CSp rotation (lateral view). Using a Virtual Learning Environment, the videos were observed by the physiotherapists and rated (in degrees) using visual estimation on two occasions, a minimum of one week apart. Inter-rater and intra-rater reliability was

calculated using the intra-class correlation coefficient (ICC). Information regarding the physiotherapists' clinical experience was collected by questionnaire, and the relationship between this and their intra-rater reliability analysed using a Pearson product-moment correlation coefficient.



Example of a head tilt video



Example of a Csp rotation video

Results: Inter-rater reliability was good (ICC: 0.68 ± 0.20). When divided into head tilt and rotation, the rotation videos had better reliability (ICC: 0.79 ± 0.14), in comparison to the head tilt videos (ICC: 0.58 ± 0.20). The intra-rater reliability was excellent (ICC: 0.85 ± 0.09). When divided into head tilt and rotation, both had excellent reliability (ICC: 0.84 ± 0.08 for head tilt and 0.85 ± 0.09 for rotation). There was no correlation between the intra-rater reliability of the physiotherapists and their clinical experience, determined by years of clinical experience, years of experience with torticollis or self-rated confidence in assessing an infant with torticollis.

Conclusion and Implications: Visual estimation has excellent intra-rater reliability and good inter-rater reliability in the assessment of head tilt and active CSp rotation in the upright position for infants with torticollis. In both cases, assessment of rotation was more reliable than that of head tilt. Using an ICC value of ≥0.7 for a test to be clinically acceptable [12], inter-rater reliability of head tilt was found to be unacceptable. No correlation was found between reliability and clinical experience. Therefore, if using visual estimation, it is recommended that physiotherapists test their own reliability if possible and in particular if different therapists are assessing the same patient. It is also recommended that an alternative tool for the assessment of head tilt be explored. Regarding the methodology, the use of videos and a Virtual Learning Environment was felt to be an effective way of allowing a large number of raters to assess the infants. However, despite being more realistic than still photography, 2D videos are still not as realistic as using actual infants or 3D technology, and this should be considered when interpreting these results.

Note: This study was undertaken as part of an MSc thesis, at the Royal College of Surgeons in Ireland (RCSI), under the supervision of Dr Helen French and Dr Dara Meldrum. It was generously funded by The Children's Fund for Health, Temple Street Children's University Hospital, Dublin.

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#WCPT2019

https://www.wcpt.org/wcpt2019

As the profession's leading global meeting it is where the world of physical therapy meets.

Call for Abstracts

The call for abstracts for the WCPT Congress is now open and will close on **6th September.**

This is your opportunity to present to a global audience and showcase your research, developments or innovations to the profession's largest international congress.

Abstracts are invited that:

- report on the latest research with original scientific data [submissions with pending results will not be accepted]
- address new and unique developments in practice, theory, education, management, policy and resources
- describe innovative ways in which established methods have been adapted to meet the changing needs of practice

Platform presentations

There will be three types of platform presentation:

- **State of the art:** 12 minute platform presentations from the highest quality cutting edge abstracts that are likely to influence practice, with a 30 minute moderated discussion led by a leader in the field.
- **Classic:** eight platform presentations lasting eight minutes each followed by three minutes for questions.
- **Rapid five:** a platform presentation session of 10 abstracts each delivering key messages using no more than five slides in five minutes (5 x 5) along with moderated discussion times.

Poster presentations

Posters are changed daily and are grouped by topic within the poster area in the exhibition hall. Presenters will have a dedicated 45 minutes to attend their poster for discussion with delegates.

In addition, virtual poster walks will provide the opportunity for a chair to lead delegates through a small number of selected e-posters for discussions with presenters. Some will be facilitated in languages other than English.

https://www.wcpt.org/wcpt2019/programme/abstracts

The IOPTP FACEBOOK page is a great resource for upcoming events and information on the IOPTP and the WCPT. It is also a great resource for information on pediatric physical therapy with an international prospective on research, practice and advocacy.

Get Involved in the IOPTP!

Join a Committee Today and become a part of this dynamic organization

Committee	Chair
Communication	Erin Wentzell (USA)
Education	Barbara Connolly (USA)
Practice	Marquerithe Barrée (Switzerland)
Program	Dale Scalise-Smith (USA)
Research	Hilda Mulligan (New Zealand)

http://www.wcpt.org/ioptp/committees

We are seeking submissions for the next newsletter.

OCTOBER 2018 TOPIC: Transition into Adulthood

APRIL 2019 TOPIC: Open Topic

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

The Indonesian Physiotherapy Association proudly present:

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BALI NUSA DUA CONVENTION CENTRE, AUG 14-16TH 2018

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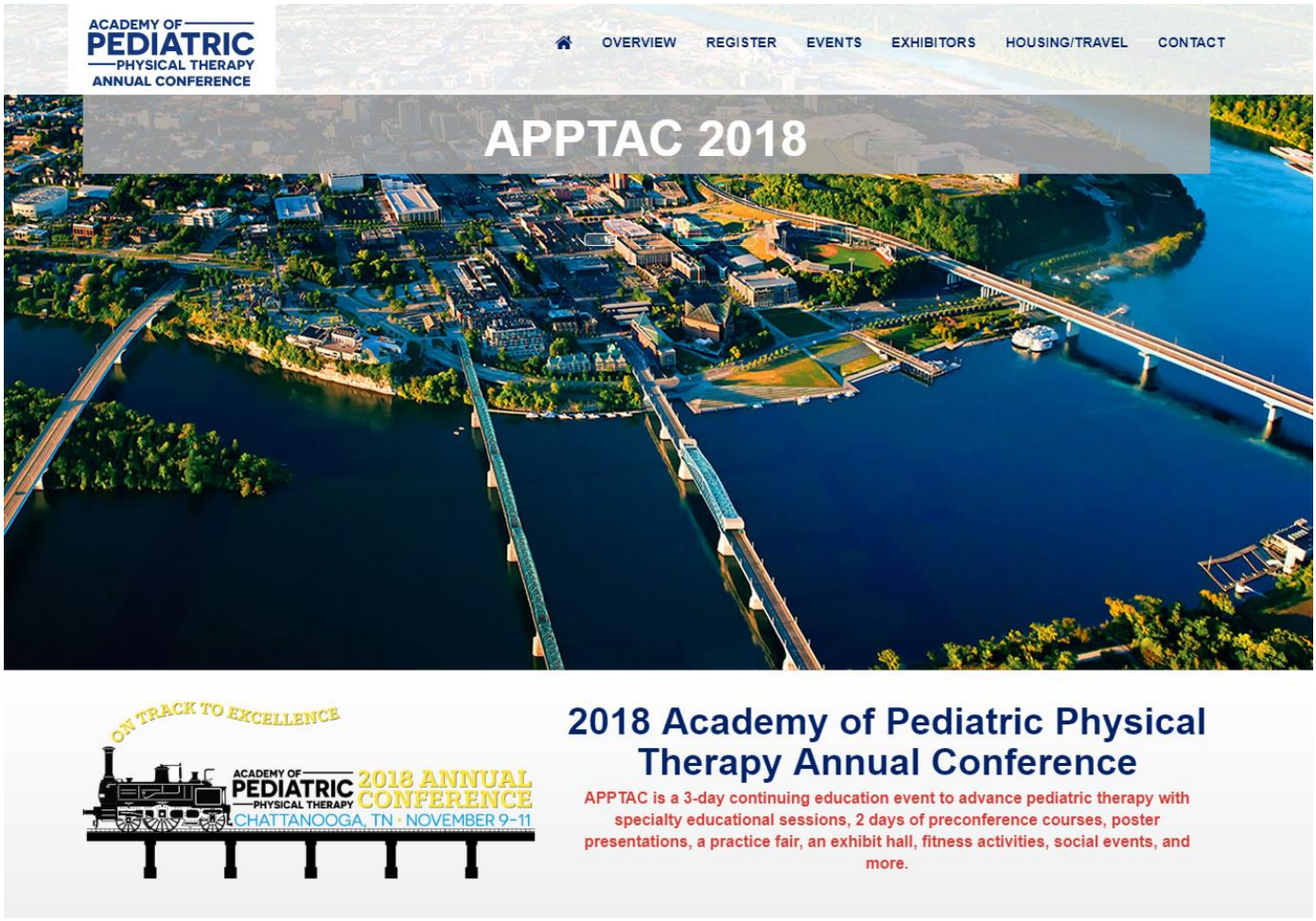

NOVEMBER 9-11, 2018

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https://pediatricapta.org/events/annual-conference/2018/index.cfm?#