Newsletter July 2009

In this issue

In this the third newsletter of the IOPTP we highlight two member countries of our subgroup. In order to develop linkages worldwide , we need to know each other and identify how we are similar and how we are different ! Our first highlighted countries in this issue are Australia and New Zealand. We look forward to highlighting our other member countries in future newsletters.

Message from the President

We are celebrating a birthday! The IOPTP was founded two years ago and as with "infancy", we are experiencing growing pains. We are beginning to develop a network of pediatric therapists throughout the world and through our networking, we will be able to better serve our members. The work of the IOPTP is being done through the various committees of our subgroup at this time and in this issue, highlights of the committees will be presented.

Recently I met with Brenda Myers, the Secretary General of the WCPT who is interested in developing paediatric continuing education courses that can be offered through Educata, an online continuing education company. Educata helps to support the international work of the WCPT with every purchase that is made of an online course. You can access information about the current offerings of Educata at http://www.wcpt.org/node/27531#educata . At the founding meeting of the IOPTP, topics were suggested for continuing education for paediatric physical therapists and included management of children with HIV/AIDS, DCD,PDD, and Autism. We need your input as we pursue the development of online courses about topics that would be of interest to you.

The Secretary General also questioned our interest in participating in a small conference that would be held between the 4 year WCPT meetings. I alerted Ms. Myers to the combined conference that is being held between the IOPTP and the Section on Pediatrics of the American Physical Therapy Association and told her that we would welcome additional opportunities for our members to interact. You'll be able to get more information about this combined conference in the Secretary's report in this issue. I'll also keep our member countries alerted to any new development regarding mini-conferences.

Best wishes to all !

Barbara

Barbara H. Connolly EdD, DPT, FAPTA

Message from the Secretary

Join us in Orlando, FL, Jan 10-12, 2010 to Play and Learn

The WCPT-International Organization of Physical Therapists in Paediatrics has joined in collaboration with the APTA-Section on Pediatrics to present the SoPAC: Section on Pediatrics Annual Conference. The focus of the conference is "Moving Children Forward: Through Global Discovery and International Collaboration". The goal of SoPAC is to bring together pediatric physical therapists from across the country and around the globe to provide a forum for pediatric therapists from all areas of practice (academia, research, clinical, school-based, and hospital settings). SoPAC seeks to advance the practice of pediatric physical therapy, exchange ideas related to practice and research, and provide participants professional development networking opportunities. For general information visit the website: (http://www.sopac.us/annual-conference

The conference follows the Disney marathon events. * To participate on the SoPAC "Goofy for Exercise" Team, click here (http://www.sopac.us/annual-conference/marathon.cfm). The Team will be filled on a first-come, first-served basis; the deadline is November 1.

General sessions include: Promoting Cultural Diversity and Competency, International Education Opportunities, and Perspective of Lifespan Issues-Neonatal through Aging Adults. Concurrent sessions include "tracks" on Therapy for Babies, School PT, Transitions for Adolescents and Adults with Developmental Disabilities, Gait and Movement Analysis, Fitness, and more on cultural diversity and cultural competence relevant for all settings including volunteer, pro bono or missions work in our communities or across the globe. Several networking breakfasts or lunches and evening activities have been scheduled as well.

To register for SoPAC, click here (https://www3970.ssldomain.com/pediatricapta/annual-conference/registration/registration.cfm). The Early Bird Registration Deadline is November 1 (Advance Registration Deadline is December 1). Notice that registration rates for members of IOPTP are the same as those for APTA: Section on Pediatrics members.

Translation of research to practice will be embedded in the presentations and posters will be presented.* To submit a poster, click here (http://www.pediatricapta.org/SoPAC/Call-for-Abstract.cfm). The deadline for submission is July 30 at midnight Eastern Time, although the deadline will most likely be extended until Aug 30.

Vendors will exhibit products for pediatric physical therapy. Please recommend this conference to those vendors you work with most. * To exhibit, click here (http://www.sopac.us/annual-conference/exhibitors.cfm). The Early Bird Exhibitor Deadline is September 15 (Advance Exhibitor Deadline is October 15).

Don't miss your chance to participate in this exciting event!

Message from the Treasurer

Dues notices were sent out for payment by July 1. We have been experiencing difficulties with receipt of the payment due to some problems with payments not always being attributed to the proper bank account. The following member countries continue to be members of the IOPTP: Australia, Canada, Denmark, Hong Kong, Ireland, Italy, Netherlands, New Zealand, Norway, South Africa, Sweden, Switzerland, Taiwan, Turkey (new) United Kingdom and USA. We now have almost 12,000 individuals who are members of the IOPTP!

Maria W.G. Nijhuis-Van der Sanden, PT, PhD

WCPT NEWS:

World Physical Therapy Day

New materials are now on the WCPT website in preparation for World Physical Therapy Day. Keeping within our current theme of *Movement for Health*, the main focus is on the vital role physical therapists play in combating lifestyle diseases and, in particular, the worldwide obesity crisis.

In addition to our existing 'toolkit' providing practical advice on how to plan an event and ideas for activities, this year we are providing extra factual materials to help you focus on particular types of lifestyle diseases that are relevant to your location and the contribution physical therapists make in combating them. The new areas covered are:

- childhood obesity
- cardiovascular disease
- diabetes

We also have an updated article and new quotes from WCPT President Marilyn Moffat, which reflect specifically on these themes.

To download these, and other items within the existing toolkit, please go to the World Physical Therapy Day section of the WCPT website at http://www.wcpt.org/wptday.

Good luck with planning your activities and we look forward to hearing about events taking place.

Standard evaluation process for the recognition/accreditation of physical therapy professional entry-level education programmes.

The World Confederation for Physical Therapy (WCPT) invites comments on the consultation draft briefing paper: *Standard evaluation process for accreditation/recognition of physical therapist professional entry-level education programmes.* A copy of the draft paper has been sent to each member country of the IOPTP for review. If you would like a copy, please contact your paediatric special interest group.

In addition to the briefing paper, guidelines for submission of comments is available. Following the instructions will help us in tracking and considering all responses. Comments should be submitted by **11 September 2009**.

WORLD PHYSICAL THERAPY DAY – INTERNATIONAL POLICY SUMMIT

The Call for Posters has now been issued for the *International Policy Summit on Direct Access and Advanced Scope of Practice in Physical Therapy*. With the closing date quickly approaching please go to the website at www.directaccesssummit.com for further information.

The objective of the summit is to share international experiences in developing and implementing policy in these areas. A combination of high profile presenters, posters, discussion sessions, and a working group will help address key questions involving direct access and advanced scope of practice.

This will be an excellent opportunity for WCPT member organisations and individual physical therapists to focus on a key area of practice and policy and to work strategically.

AUSTRALIA:

Name: National Paediatric Group (NPG)

Member Organisation : Australian Physiotherapy Association (APA)

Number of Members of the Paediatric Special Interest Group : 420

About the NPG Committee
The NPG has a representative from each state in Australia as well as special members elected from within the group to represent the NPG on the APA National Advisory council and the APA Titling and specialization Committees.

The NPG develops an annual strategic plan in line with the APA Strategic plan. The NPG is active in national paediatric resource development, advocacy, education and research and communication.

Membership profile of the National Paediatric Group (NPG)
Our membership is spread through Hospitals, Community Health Centers, Non- Government Sector covering for example the cerebral palsy treatment centers, the neuromuscular treatment centers and Developmental Centers with some members employed by the Education Department in Special Education Centers or with children with Special needs in Mainstream schools. A small number of our members are in Private Practice. Each State of Australia tends to manage community physiotherapy funding and physiotherapy differently. Generally the following is applicable across states.

1. Hospitals: Acute inpatient care and outpatient services covering specialties of respiratory, musculoskeletal, neurodevelopmental, neonatal, neurological as well as some very specialized services now such as physiotherapy led orthopaedic clinics, physiotherapists working with eating disorders and obesity.
2. Non government organizations servicing specific diagnostic groups, eg the cerebral palsies
3. The government disability services sector
4. Community Health: Physiotherapy services are provided in the home, childcare centres, kindergartens and schools.
5. Developmental Centres: early intervention centres, Outreach services and outpatient and school support.
6. Special Schools: programmes for children with severe multiple disabilities, cerebral palsy, autism and intellectual disability.
7. Private Practice: Broad range of paediatrics, including orthopaedics, developmental, respiratory, chronic disease management.

There is a shortage of paediatric physiotherapists generally in Australia and most centres would report staffing shortages at some time. The hospital sector is better staffed than non government organizations and the rural sector. This means that services may be rationed and there may be waiting lists in some areas, particularly in regional areas. There is also difficulty in obtaining required aids and equipment in some areas due to long waits for funding approval.

Many of our members work in multidisciplinary teams and in some areas there are members working in interdisciplinary teams with occupational therapists, speech therapists and psychologists. This is particularly so in the areas of developmental centres and with programmes for children with autism spectrum disorders. There have been a number of states, influenced by the funding bodies, looking at transdisciplinary models of intervention.

Education and Research

The NPG is committed to nurturing paediatric physiotherapy practice. A biennial paediatric scientific conference is held nationally in conjunction with other national groups of the APA.

There are good opportunities for continuous professional development (CPD) which are organised by the APA NPG State Chapters and often through the workplace as well. 2007 saw the APA release a national PD plan for all groups.

Topics for CPD are agreed upon by each state chapter and there is a movement afoot to have these nationally accredited and standardised in their format by the APA as part of the APA national PD plan.

Some tertiary institutions run courses in paediatric physiotherapy for physiotherapists wishing to pursue a career in paediatrics and the APA has developed a separate specialist qualification pathway in paediatrics.

The University post-graduate programme involves a masters degree combined with further clinical training and examination over a period of time, or presently there is an experiential pathway to achieving APA endorsed specialisation.

The NPG supports paediatric physiotherapy research through a tagged paediatric grant from the Physiotherapy Research Foundation. A portion of profits from NPG activity is contributed to the tagged physiotherapy research fund.

Advocacy

Through the NPG our members have been part of several government working parties looking at services for young people and policy around paediatric service provision. There has been input to government policy on Early Childhood Intervention, Screening programmes, activity programmes for children, children with disability in mainstream schools.

The NPG has developed a number of position statements on Baby walkers, on physiotherapy access in schools for children with minimal to moderate disabilities, and more recently transition of children from one service to another. .

Resource development

The NPG has designed and produces a number of high quality resources including:

- A physiotherapy identity card about “What is Paediatric Physiotherapy?” The purpose of the card was to improve awareness and knowledge of paediatric physiotherapy - what it is and what it does – to the public, media, our referrers and other health disciplines, as well as promoting awareness and knowledge of paediatric physiotherapy within our profession.
- A DVD entitled *Baby Touch* outlining the importance of touch and handling in development.
- A Plagiocephaly prevention brochure “How to protect your baby’s head shape”.

Profits from the sale of these resources are returned to members in tagged research grants and overall operational budget.

Communication

The NPG’s main form of communication is through four electronic newsletters called eNEWS. Contributions to eNEWS are from the NPG and there is also a call to state chapters to contribute. The IOPTA information is circulated through our eNEWS. The NPG did have an online communication forum and is working towards having this re-established.

http://www.virtualoceania.net/nz

NEW ZEALAND:

Name: New Zealand Paediatric Special Interest Group

Contact Member:

Member Organisation : New Zealand Society of Physiotherapists

Number of Members of the Paediatric Special Interest Group : 130

Website: The Paediatric Special Interest Group has a www.physiotherapy.org.nz and chose "Special Interests" from the menu, then Paediatric Group.

The Work Environment in New Zealand: Most members work in one type of setting, but a small number of members are working across settings, with different fundholders for different settings.

An estimate of members' work settings is as follows:
48% in the public health system
22% in special schools
16% in private practice
12% for the Ministry of Education (services for children with special needs in mainstream schools)
3% in academic institutions

These numbers may not represent the overall work settings of physiotherapists in paediatrics in NZ and is likely to be biased away from those who work in the public health system. Therefore there are likely to be an additional number of physiotherapists in the health system who do not belong to the NZSP (parent body) and therefore cannot belong to the special interest group because they do not need to belong to the NZSP for insurance purposes (which is provided by their employer) and feel they cannot afford the fees to belong to the society (which were not paid by their employer). However, from this year many health employers are paying for professional membership fees, so we are likely to see a rise in membership numbers.

We have one member who works in a local hospital in Malaysia.

SPECIAL SCHOOLS: NZ has a range of special schools for children with long-term disability who are not suited, because of individual reasons, to inclusion in mainstream schooling.

Caseloads in these schools range as follows:
Cerebral Palsy, Paraplegia, Spina Bifida, Neurofibromatosis, Autistic spectrum disorder, Head Injury, Epilepsy, Duchene Muscular Dystrophy and syndromes such as Down's Syndrome, Sturge Weber Syndrome, Sjorgen Larson Syndrome. Some of these children will be dependent on others (teachers, carers) for their needs because of physical disability and some will be fully dependent because of cognitive disability.

MAINSTREAM SCHOOLS: The Ministry of Education, Special Education group funds itinerant service where therapists visit children who have physical disabilities who, in general, attend their local (mainstream) school. The role of the therapist is to support the school to overcome barriers to education that are caused by the student's disability. A lot of the work centres on supporting teachers to understand how to change their teaching strategies so the student who has the

disability is included in as many aspects of the school day as possible. Teacher aides are often trained to support the student's physical development. Provision of adaptation suggestions for class Physical Education is often a key role too. The work is usually consultative but in general there is a mix of hands on therapy and consultation.

HOSPITALS: This could take the form of acute and outpatients paediatrics for children with surgical, medical, respiratory, orthopedic, and neurological conditions and burns. Our larger hospitals also have neonatal units, with physiotherapist services.
COMMUNITY HEALTH CENTRES : Although there are community health centres in NZ that revolve around general health services, paediatric physiotherapists are not involved and do not work from these centres. Instead, we have separate centres/services for children with special needs. Children with sports and orthopaedic conditions would be referred either to therapy in private practice or into the hospital services .

DEVELOPMENTAL CENTRES: These mostly take the form of Child Development Services or Centres funded by the Ministry of Health. Physiotherapists work in multidisciplinary teams to provide therapy services to children and young people 0-21 in home, preschools, schools and community and also centre based services. Some services only provide for children up to the age of 5 years (the age when children in NZ start school attendance).

PRIVATE PRACTICE: Cases for physiotherapists working in private practice are predominantly funded by ACC (Accident Compensation Corporation), a government funded compensation for people who have accidental injury. It also covers medical misadventure. It therefore can cover children with accidental injury, sports injury, CP, Brachial plexus injury, burns, Traumatic Head injury, car accidents and child abuse. Besides rehabilitation, physiotherapists also do assessment on behalf of ACC for advice and planning for equipment needs and care needs (e.g. attendant support, respite care) for certain more complex cases.

There is a small amount of private work by physiotherapists for children with conditions that are not deemed to be 'accidental', funded by parents as the public health system does not cover for privately funded therapy.

IS THERE ADEQUATE FUNDING IN YOUR COUNTRY FOR PROVIDING EFFECTIVE PHYSIOTHERAPY INPUT FOR CHILDREN WITH SPECIAL NEEDS? WHAT ARE THE ISSUES WITH FUNDING? ARE YOU ABLE TO PROVIDE CHILDREN WITH THE LEVEL OF SERVICE THAT YOU FEEL THEY SHOULD BE RECEIVING?
This was difficult to answer as the answer almost always will be that there are children who physiotherapists feel have a need but miss out because of low priority of needs, but this would always be the case no matter what funding levels were. The situation in New Zealand has greatly improved in the past 12 years and many more school age children are being seen since the introduction of our government's Special Education 2000 policy first introduced by the Ministry of Education in 1998 where school age children with the highest 1.1% of need are funded for therapy services in schools. The funding levels of the resourcing schemes (Ongoing and Reviewable Resourcing Scheme and the Moderate Physical Disability Contracts) are not high and equate to an average of 20-25 hours service per child per year. In practice though this intervention seems to be higher than what seems to be available through Ministry Of Health funded services which certainly in many areas seem to only be able to provide an assessment service with little ongoing intervention unless a child has had a surgical event. If they have had surgery they get up to 24 weeks of more intensive therapy.

There are some specific areas of concern by paediatric physiotherapists:

i) The debate between equality of provision for children with accidental injury and those with other conditions in that accidental injury is at present far better serviced and funded (through the ACC scheme) than what occurs in the public health system. This might however change with the recent change in government but will likely mean that children will get less, not more services.
ii) There is concern that there are not as many resources for children in rural areas

iii) There is concern that there is insufficient funding for physiotherapy services from education funding streams (i.e. for children with special needs to receive therapy once they reach school age) although this seems more pertinent to children in mainstream schools (where physiotherapists visit individual children) than for children who attend special schools (where there is physiotherapy on site)
iv) Concern about funding and services for adolescents and those who are transitioning to adulthood
v) Concern about long waiting lists in the public health system for monitoring and services such as orthopaedic services for children with special needs
vi) Concerns about delays in funding for equipment needs for children with special needs not funded through ACC

Concerns about funding in general as the population grows in size and as advances in medical management is preserving the life of premature babies who require services because of their complex conditions from prematurity. Funding has not been matched for such services. There was the comment that NZ is one of the only countries in the world who accept refugees who have a disability.

CONTINUING PROFESSIONAL DEVELOPMENT:

Many members feel that we have plenty of opportunities both in NZ and in Australia. There is access to national and international workshops, seminars, groups, journal clubs, conferences, courses etc. Organising CPD is one of the priorities of the special interest group. We are able to organise or co-organise (with other paediatric groups) at least two conferences or courses each year, usually with international speakers. Our professional body organises a general conference every two years, and we always have the opportunity to have a paediatric speaker (often as keynote speaker), usually with a pre-or post conference course attached.

Accessing CPD is oftentimes a funding issue, not a lack of opportunity. Many paediatric physiotherapists work part-time (while caring for families) and therefore cannot afford the course fees required. Many employers (e.g. in Health and Education) fund CPD for their staff, but this needs to be directly related to their case load and physiotherapists need to motivate to obtain required funding-said to be difficult at times to share around the pool fairly. Some external funding for CPD and research is available from our professional association, and from our special interest group and from other Trusts etc.

Sought after topics have included:
Early intervention
Orthotics
Gait assessment
Disability specific conferences/courses (CP, spina bifida, muscular dystrophy etc)
Members generally like the practical courses such as wheelchair and seating, biomechanical assessment etc.

It appears there is more need for courses related to acute care and accident related care, instead of the usual focus on children with long-term special needs (and then often the early intervention section of this population). Members have also requested courses for an older age group, especially updating skills in assessment, reasoning and treatment on a regular basis.

Many members are ‘creative’ and look for courses that might be targeted at other physiotherapy areas and then adapt the information for paediatric clients.

POST-GRADUATE TRAINING PROGRAMMES:

NZ has two academic institutions that cater for physiotherapy education. Neither offers post-graduate courses specifically in paediatrics although some of the post-grad rehabilitation courses can have a paediatric focus as students can usually choose their area of interest for assignments. In addition there is opportunity to extend focus of post-graduate study into other areas, such as the Post-Graduate diploma in Education endorsed in Special Education.

There is some difficulty in offering regular (i.e. annual) post-graduate education in NZ because of our small population (about 4 and a half million) so that some physiotherapists have wished to take up post-graduate education but have found the course that seemed most relevant to their needs has been cancelled due to small numbers.

The Bobath course is run in NZ on a regular basis.

INVOLVEMENT IN POLICY DEVELOPMENT: Some individual physiotherapists are definitely involved in policy development at a local level and some at the national level (an example here is the service split between therapists working in health and those working in education). Our PSIG committee is regularly asked for comment from the national body (NZSP) for policy development for physiotherapy in NZ, but perhaps less often for development of policy specifically for children. We do get consulted however, an example being input into the NZ Health and Disability Sector Standards (for Children and Young People).

CLINICAL GUIDELINES FOR PAEDIATRIC CARE: The Paediatric Special Interest Group has been involved in the development of clinical guidelines usually at the management level of particular workplaces or work settings (e.g. for ACC, Health, Education). Examples are long term planning for paediatric services in Health or Education. Usually this is done on an individual basis, and does not come from our organisation itself. In addition, many therapists are involved in development of local clinical guidelines for paediatric care. We also have interest group representation for the Health and Disability Commissioner in NZ.

SPECIAL PROGRAMMES FOR CHILDREN WITH SPECIAL NEEDS: There are a range of programmes for children with special needs. Examples include Riding for the Disabled, Skiing for the Disabled, Special Olympics, Paralympics, other sporting opportunities, health camps (and sibling camps), programmes for children with Down syndrome and other conditions (Muscular Dystrophy, asthma), Conductive Education, sports and outdoor activities, swimming and so forth. The Special Interest Group does not run any of these programmes itself; individual members will be involved in a local capacity.

INVOLVEMENT IN WORLD PHYSIOTHERAPY DAY 2008: Many therapists are involved in World Physiotherapy Day through their local professional Branch. These often take the form of education to the public and celebration of physiotherapy. The Special Interest Group is probably too thinly spread (130 members in a country geographically as large as the UK) for members to set up their own celebration, hence joining in their local professional group.

INTERDISCIPLINARY ACTIVITIES: On an individual basis, many of our members are involved with other organisations in an interdisciplinary manner. Examples are with general practitioners, with the national organisation that looks after the health of babies, Preschools, Maori health, other health services, the organisation for children who have suffered abuse at home, the National organisation for children with physical disability and the National organisations for children with other disability (e.g. autism, muscular dystrophy etc) and of course other disciplines in rehabilitation (OT, speech language therapy, orthotics etc). NZ has a strong focus on family centred care so that goals are shared across disciplines, although there is concern that this does not always occur because of the various ‘systems’ in place that do not liaise or encourage interdisciplinary work practices. There is a national ‘Telepaeds’ conferencing service for sharing of information across NZ.

NEWS FROM SUB-COMMITTEES :

Research

The seven member Research committee, formed from members of the IOPTP is fortunate to have Ann Vansant as its chair. Together, we have been 'hatching' a plan that will allow IOPTP members to discover how other members are involved with paediatric physical therapy research and practice around the world and to get a perspective of where we need to go in paediatric research activity from a global perspective. In particular we wish to gather information on the research needs of the paediatric sections of our professional organisations, what paediatric research is being conducted in different countries and how research is being translated into practice through clinicians working in the field. Our 'plan' is to conduct a survey with IOPTP members in the latter part of 2009 and complement this with a small number of stakeholder interviews with international leaders in paediatric physical therapy. The findings of this will be presented to IOPTP members at the WCPT conference in 2011. Report by Hilda Mulligan

IOPTP interactive forums

The WCPT website hosts two IOPTP forums – and a professional practice forum.

The professional practice forum is a good space for pediatric physical therapists to exchange views and ask questions. However, we need more of our members to interact on the topics that have been presented. You can access the professional practice forum at http://www.wcpt.org/smfforum.

Topics that are currently active include: Spider suit, theratogs, adverse effects of manipulation, Salford Gait Tool, Physiospot and physiopedia, DCD and joint hypermobility syndrome, and Cognitrain.