

IOPTP Newsletter



April 2010 , Volume IV

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A Call To All Members...

We are looking for new submissions for the [Member's Corner](#). This section of the quarterly newsletter will highlight treatment ideas, research topics, or other areas of interest for paedetric physical therapists. If you have a **topic or a submission** please contact Erin Wentzell, the newsletter editor, with your submission by **June 2010**.

Contact Information for Erin Wentzell:

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Message from the President- “Moving Physical Therapy Forward”

The World of Physical Therapy will meet in Amsterdam from 20-23 June 2011. How exciting is that for all of us!

The IOPTP will meet for our first business meeting during the WCPT Congress and we will have an opportunity to network in person not just via newsletters. I am looking forward to meeting many of you and personally thanking you for your support for the IOPTP.

Many of our member countries have been requesting information about the programme at the WCPT as they plan for attendance at the congress. I will share the information that I have about the programming. The Programme at WCPT in 2011 is a little different than in the past. There are **satellite programmes** being offered which represent a **new and innovative part of the WCPT congress experience**. The satellite programme is made up of **education sessions and clinical visits** and is designed to **complement the scientific programme with a focus on applied knowledge and skills**. The programme will offer the delegate the chance to listen to the latest research and practice advances, learn directly from experts, gain practical experience and meet with fellow delegates in their field of interest. The area of **paediatrics will be represented** in some of these satellite programmes, the topics have yet to be announced.

In addition a variety of **education sessions** will be offered in the two days preceding and two days subsequent to WPT2011; a limited number of sessions will also be held concurrent with the scientific programme. Sessions are designed to actively **engage** participants, via a range of learning formats, to **explore issues in depth in an area of clinical practice, education, management, research or policy**. Each session is organized by a recognized expert in the field.

The Presidents of the Subgroups of the WCPT are in conference and the following topics are being discussed:

- Clinical reasoning- the clinicians perspective
- International exchanges of faculty
- Lifelong disabilities/illnesses
- Chronic disease management
- An ageing society – active ageing

Health promotion across the lifespan
The IOPTP submitted an abstract entitled **CLINICAL DECISION-MAKING IN PEDIATRIC PHYSICAL THERAPY: GLOBAL PERSPECTIVES** for a satellite program as well as an abstract from the Research Committee on **Perspective on Evidence Based Practice**. I know that other members of the IOPTP have submitted abstracts on topics such as **powered mobility and Developmental Coordination Disorder**.

The overall congress scientific theme for 2011 is **Moving Physical Therapy Forward**. The programme will be structured around **five core programme tracks**. These tracks will be used to draw together different sessions that complement each other. We anticipate that paediatrics will be represented within each of the following tracks :

Track 1 – Global Health

Track 2 – Professional Issues

Track 3 – Professional Practice

Track 4 – Education

Track 5 – Research Methodology

The IOPTP will also have networking sessions for our members as well as the business meeting. We are pleased that we are continuing to grow . We have added several new countries (see the treasurer’s report) and have had members participating in international meetings. As noted in our secretary’s report, international members presented and attended the SoPAC meeting held in Orlando in January 2010.

I hope that this information is helpful to you and your membership! We welcome a new newsletter editor, Erin Wentzell and look forward to quarterly newsletters as we draw closer to the time of the WCPT 2011 meeting.

Best Wishes to all of you,

Barbara H. Connolly DPT, EdD, FAPTA
IOPTP President



Message from the Secretary: [International Collaboration](#) WCPT's IOPTP and APTA's Section on Pediatrics



The World Confederation of Physical Therapy International Organisation of Physical Therapists in Paediatrics joined in the efforts of the American Physical Therapy Association Section on Pediatrics first annual conference. The theme of the conference was: [Moving Children Forward through Global Discovery and International Collaboration](#). The conference was held January 10-12 in Walt Disney World, Lake Buena Vista, Florida.

493 individuals attended, representing **43** states, the District of Columbia, and **9** countries, including Belgium, Bermuda, Canada, Chile, China - Republic of Taiwan, Jamaica, Netherlands, Pakistan and Poland.

• [Programming:](#)

6 tracks of programming were presented along with 4 key notes and 2 roundtable sessions. The keynotes included: Cultural Diversity and Competency, Perspective of Lifespan Issues: Neonatal through Aging Adult, Knowledge Translation: Strategies for Using Research Evidence to Improve Practice, and a panel of US & international individuals to discuss the Future of Education Around the World. The roundtable discussions focused on NICU, early intervention, and education. The program tracks focused on infants, adolescents, school-based services, autism, gait, differential diagnosis, gait analysis, and fitness/sports.

• [Posters:](#) 32 abstracts were displayed. 31 will be published in PPT

• [Social Programs:](#)

283 individuals (conference attendees, exhibitors and guests) attended our Monday Evening event at Epcot's American Adventure. Each guest enjoyed a buffet dinner and dessert party in the Rotunda of Epcot's American Adventure. The evening ended with the Epcot Illuminations Fireworks Display.

• [Vendors/Exhibitors:](#) **44** exhibitors presented their products and interacted with participants.

• [Goofy for Exercise](#)

55 individuals joined our team for the Disney marathon: (SOP Members, Students, Family Members, Friends and an Exhibitor)

- Friday morning 5k team members braved the cold but sunny weather (mid 30 F) to complete their run through Epcot.
- Saturday morning Half Marathon team members boarded buses at about 3am (yes 3am!) and braved the cold, rain and sleet (29 degrees F in FL!) to complete their run from Epcot to the Magic Kingdom and then back to Epcot.
- Sunday morning Full Marathon team members boarded buses at about 3am (yes 3am!) and braved the cold but again sunny weather (now 26 degrees F in FL! –causing the water to freeze in the cups and on the road surface!!) to complete their run from Epcot to the Magic Kingdom on to the Animal Kingdom, passing through Wide World Sports and Hollywood Studios then returning back to Epcot!!
- (4) team members actually completed **BOTH** the Half and the Full Marathon to earn a “Goofy Medal”
- One of our Student members, **Mike Hensley** wearing Bib #6; **Finished 6th overall out of 16,929 runners** and **2nd** in his age division; in a time of **2:33:23!!** He averaged a **5:40 mile** for the first **25 miles!! CONGRATS MIKE!!**

[Disney Health Fair:](#) Our SOP booth was present all 3 days at the Disney Marathon Weekend Health Fair. Our goal was to promote our team, “Being Goofy for Exercise” and overall fitness for children. More than 50,000 runners, including their family and friends passed through the Health Fair to retrieve their race packets. We offered some SOP literature, Fit Teen and Fit Kids magazines. We also gave away some “Fit for Life Bears,” that all the children loved!

[Future Plans](#) With such great participation and professional interaction, the Section on Pediatrics plans on hosting SoPAC in 2011 with hopes that the IOPTP will again join in collaboration (of course that is the same year as the WCPT conference in Amsterdam in June). Watch closely for more news on our plans.

Respectfully submitted,

Sheree York, PT, PCS

President, APTA Section on Pediatrics
Secretary, WCPT IOPTP



Message from the Treasurer

We hope to see a lot of colleagues from our member organizations at the World Congress of Physical Therapy in Amsterdam from 20-23 June 2011. The IOPTP started at the WCPT in Vancouver, and since then we are working hard to become a real **worldwide network focusing on increasing the quality of Pediatric Physical Therapy**.

At this moment **14 WCPT Member Organizations** are Full Member of the Paediatrics sub-section as approved by the IOPTP's Executive Committee. These countries are:

- **Australia, Canada, Denmark, Hongkong, Ireland, Italy, Netherlands, New Zealand, Norway, South-Africa, Sweden, Switzerland Taiwan, United Kingdom, and USA** with a total of 10837 members.

Moreover, in 2009 **Turkey** has joined us as a Member Elect with 350 members, **so we passed the 11.000 members**. A Member Elect is a sub-section, awaiting confirmation of Member status at a General Meeting at the WCPT 2011. Full membership shall be granted if approved by a two thirds majority of the voting delegates at a General Meeting.

Moreover, in 2009, **Belgium** has contacted us to become a Member Elect in 2010. As announced in the WCPT newsletter, in 2009 Belgian physiotherapists could finally realize one single association representative for nearly all Belgian physiotherapists. This allows the physiotherapists to aim for a subgroup of paediatric physical therapy and our Belgian colleagues aim to realize an Associate Membership in the beginning of 2010.

Also, **India** has an active Pediatric Physical Therapy group and has contacted us.

Hello!

My name is Erin Wentzell and I am the new newsletter editor. I am a pediatric Physical Therapist at Children's National Hospital in Washington DC, USA. I work in many different capacities with children of all ages: in the hospital, at our outpatient clinic and working with programs to prevent pediatric obesity. I

Financial Review

Activities are funded through an annual membership subscription. The membership subscription rate is set at the General Meeting in Vancouver. The rate for 2008/2009 was US\$ 1.0 per member of each member organisation (US\$ 0.5 per member in countries where the GNI per capita is less than US\$ 3000 per year).

The balance brought forward at 31 December 2008 was £ 4081,85.

The Statement of Financial Activities for 2009 shows net incoming resources of £7231,79 and payments of £165,00 for the Web page. The balance brought forward at 31 December 2009 was £ 11148,64.

Best Wishes to all of you,
Maria WG Nijhuis-van der Sanden
PPT, PhD, Professor in Allied Health Sciences
IOPTP Treasurer



am involved in the American Physical Therapy Association as the District of Columbia's Pediatric Section Representative. When I am not working I love hiking with my husband and my dog, Teddy. It is nice to meet all of you!

Erin Wentzell PT, DPT



Member Country Highlights: The Chinese Republic of Taiwan



Prepared by Hua-Fang Liao,
Suh-Fang Jeng, Wen-Yu Liu
Current President of PTAROC
(Taiwan) : Wen-Jen Chien



Physical Therapy
Association of The R.O.C.
(PTAROC (Taiwan))

- How many members belong to the paediatric special interest group?

200-300

- Where do most of your members work?

According to Chen et al. (1994), 11.7% of physical therapists worked with pediatric population. (0.08% in educational environment, 1.6% in developmental center, the others in hospital). However, this result probably under-estimated the number of person who worked in educational environment and social welfare system because the registration of the license for these systems was not mandatory at this time. The average caseload for full-time paediatric PT is 15.6±8.8 children per day. However, there were a large range from 12.6 (medical center) to 20.0 (educational system, developmental center). Most therapists work in

1. Medical Health System: hospital (8-10 children/day), child development assessment center (4-6

children/day) , private rehabilitation clinics, private physical therapy clinics

2. Social Welfare System: full time in development centers, full time or part time in Early intervention programs
 3. School system: consultant in regular school, full time in Education department of city government, full time in special school
- Is there adequate funding in your country for providing effective physiotherapy input for children with special needs?

Funding for children with special needs was provided from several resources (Education Ministry, Welfare system, and Department of Health, National Science Council). However, it is hard to judge the adequacy. In some areas, the school-age children could only get the consultation and indirect service, and direct physical therapy services was abandoned due to limited budgets. Therefore, the families might take their children to nearby hospitals for physical

therapy services. On the other hand, children of low-income family might not have direct physical therapy services at all. Children in high-school who attended regular high-school tended to have no physical therapy service at all. Issues with funding: application of ICF-CY, IFSP, Diagnostic test, Screening test and procedure, Patient safety guideline in physical therapy, outcome measures and evaluation of the early intervention programs, Workshop or conferences related to early intervention, Expert meeting for the IFSP and screening status. The level of service depends on a lot of factors. There is no direct access for physical therapy service in medical systems. Physical therapists need to get the referral from physicians for insurance reimbursement.

Taiwan con't

- What opportunities are available for Continuing Professional Development (CPD)? What are the most sought after topics for CPD.

Attend post-professional graduate school, continue education programs afforded by the pediatric physical therapy related associations, and joint the research project.

Topics for CPD included evidence-based practice, intervention strategies for cerebral palsy, ICF-CY coding, decision making, orthotic management, advanced gait assessment etc....

- Are there formal post-graduate training programmes for paediatric physiotherapy?

Yes, there were several post-professional graduate programs which provided post-graduate training programmes in pediatric. For example, the department of pediatric physical therapy in National Taiwan University offered pediatric track for their post-professional master degree students. (http://www.pt.ntu.edu.tw/english/index2.asp?main_id=3&sub_id=6) In addition, PTAROC (Taiwan) and several physical therapy associations (local and national), Chinese Association of Early Intervention Program for Children with Developmental Delays (CAEIP), and Ministry of Education also offered pediatric continue education.

- Is your organisation involved in developing policy for children?

Yes, Committee of Child

Welfare (Current chairperson: Dr Shwn-Jen Lee) represented PTAROC (Taiwan) to delivery the opinions of PTAROC. In addition, several members severd as the consultant experts of several committees (such as early intervention, Department of Health (ROC).

- Have you been involved in developing clinical guidelines for paediatric care? Is your organisation represented on decision making bodies in your country?

Yes, some members involved in the ICF expert of the Department of Health, Executive Board, Taiwan, Care Quality & Patient Safety committee member of the Department of Health, Executive Board, Taiwan.

- Please tell us about any special programmes that are available for children with special needs in your country.

Physical therapists in Taiwan regularly involved developmental assessments for the early intervention eligibility, early intervention for Children with special needs, adaptive equipment, special education, home visit, and parent training group. The PTAROC acts as a consultant for these programs, but does not provide programs directly.

- Have there been any special highlights for your organisation over the last year?

Yes, the information was available at <http://memo.cgu.edu.tw/yan-ying/慶世界物理治療日20090906/活動剪影.htm>

- Does your organisation have

close ties with other organisations involved with children? Tell us about more about interdisciplinary working in your country.

Yes, several associations and foundations, such as the Chinese Association of Early Intervention Program for Children with Developmental Delays (<http://www.caeip.org.tw/html/about/english/index.html>), Premature Baby Foundation of Taiwan. R.O.C. Taiwan (<http://www.pbf.org.tw/enhtml/en-a01.asp>), Foundation For Rare Disorders (<http://www.tfrd.org.tw/english/>), Occupational Therapy of Taiwan, ROC, Taiwan Child Neurology Society (http://www.tcns.org.tw/contents/e_about.htm), Taiwan Academy of Physical Medicine and Rehabilitation, worked closed with PTAROC (Taiwan). There were many cooperative researches in the graduate programs of several universities. There were IFSP/EI meetings, for the centers of developmental assessment and the educational environments.

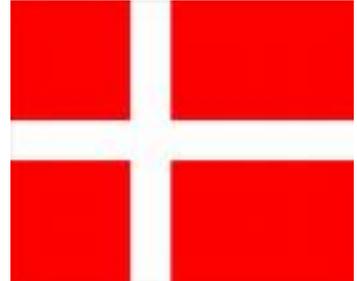


Member Country Highlights: Denmark



Fagforum for børnefysioterapi

member organization: **Danske Fysioterapeuter**



- How many members belong to the paediatric special interest group?

430

- Does your special interest group have its own website?

Yes: www.boernefysioterapi.dk

- Where do most of your members work? Can you tell us a little about the case load seen in different locations?

Most members work in the public sector and the public hospitals. There are big difference from one municipality to another, even though Denmark is a small country. Nearly every special school has a physiotherapist – often ½ times, but it depends on the size of the school and the kind of handicap the children have. The therapists from the public sector serve the mainstream schools. Very few physiotherapists work in private practice.

- Is there adequate funding in your country for providing effective physiotherapy input for children with special needs?

We do have 1 fund- running institution for children with CP, but funding to provide physiotherapy is very very seldom in Denmark. We do have a few funds where parents can apply for economic help for private physiotherapy treatment.

- What opportunities are available for Continuing Professional Development (CPD)? What are the most sought after topics for CPD.

The public health insurance must pay for physiotherapy treatment for children with a chronic physical disorder.

- We do have post-graduate training programmes in Norway.

- Does your organisation have close ties with other organisations involved with children?

We do have 2 days meeting every 3 year with the Danish occupation therapist.



Delegates attending the forthcoming WCPT Congress, to be held in Amsterdam next year, will have a new flexibility in selecting which sessions to attend to suit their needs best. The programmes within the congress, and in related activities, are being dovetailed so that delegates can select a combination of scientific sessions, such as focused symposia and discussion sessions, practical courses and visits, all within their area of interest.



There will also be the full congress package that past delegates will be used to. Tracy Bury, WCPT's Professional Policy Consultant, likens the **new approach to "pick and mix" sweet/candy stalls** – where customers grab a bag and fill it with a selection of their favourite confectionary. She has been working closely with the International Scientific Committee on planning a programme that will appeal to as many clinicians, researchers, educationalists and managers as possible, and allow them to use their time at the congress to more effectively meet their interests.

"It's designed to allow delegates to build anything from a two-day to a five-day portfolio of activities embracing the scientific programme and more practical or issue-based activities," she said. The main details of the programme, including the focused symposium subjects and presenters, are announced soon – check www.wcpt.org for details. In June, the satellite programme's workshops and courses will be announced.

How will it work?

Imagine you are a physical therapist working in paediatrics in a general hospital, who has three days to spend at the congress, and wants to find as much information as possible to improve everyday practice. The main scientific programme will include focused symposia that have been challenged to identify the implications of research for the everyday practice of clinicians, managers, educators and policy makers.

There will be other types of session in the main scientific programme – platform papers, posters and discussion panels for example – which will cover topics relevant to a paediatric physical therapist. But there will also be sessions outside the main scientific programme in a satellite programme which will allow new insights into services and practice – through clinical courses for example. A paediatric physical therapist will be able to plan her visit so that she can easily fill three days with a **variety of options**, for example:

WCPT Congress: welcome to the sweet shop



- Day 1: Pre-congress course
- Day 2: Congress scientific programme – symposia, discussion panels, posters, platform abstracts, exhibition
- Day 3: Congress scientific programme

If she registers for the full congress, she will also be able to access the clinical visit options. "We want people to attend the congress and find sessions on offer that are relevant to their areas of interest and balance scientific knowledge with practical application," says Tracy Bury. "**We also want them to see things that are new and hopefully challenge them to look at their practice in different ways.** This may come from some of the professional issues topics that cut across all areas of practice."

More details of the WCPT Congress and its programme are available at www.wcpt.org/congress

Member's Corner: Elastic Taping as an adjunct to paediatric physiotherapy

written by Esther de Ru from member country Spain

History:

The original Kinesio Tape and Kinesio Taping Method were developed by Dr. Kenzo Kase, a Japanese Chiropractor in the early 1970's. Originally it was used as a specialized elastic sports tape only and introduced to the world at the 1988 Olympics in Japan. The Kinesio method was introduced into Europe and the U.S.A. in 1997. Many physiotherapists have started using this, or similar tapes since. As far as I am informed there are four mayor tape producers worldwide at this moment: Kinesio Tape, Cure- Tape, K-Tape and Kinesiology Tape.

It is currently being used by many colleagues in paediatric cases. One manual on paediatric taping and a number of case studies have been published in various languages. Basic and specialized taping courses are being organized by various companies² and by numerous therapists in various countries.

Tape properties:

- It is highly elastic (30 to 40%) lengthwise only,
- heat sensitive acrylic adhesive (in wavelike pattern) on the back of the tape,
- tape is placed on a protective paper backing with the tape stretched 10%,
- it is roughly the same thickness as the epidermis,
- it is very light, comfortable, does not limit range of movement
- it is waterproof making showering and bathing possible,



it remains in place and is effective for a number of days.

This tape is said to have the ability to re-educate the neuromuscular system, relax muscles, stimulate weak muscles, reduce pain, reduce inflammation, promote lymph and blood flow, enhance performance while supporting muscles in movement.

Tape techniques:

Muscle, ligament, fascia, lymph, space and corrective techniques are described. The tape can be cut into various shapes and comes in different colours.

CrossTape: has been used by acupuncturists for many years. In certain cases, applying the cross tape might be a better option than applying the elastic tape. In the experience of two paediatric instructors, using cross tapes on young infants is sometimes to be preferred. The cross tape is not elastic and I have found no studies, only a manual³ about the subject.

Hypothesis on tape properties:

1. Skin lifting properties (displacement and pressure)⁴,
2. Changes (inhibition of facilitation) in muscle tone and input CNS^{5 6 7 8},
3. Muscle strength⁹,
4. Blood and lymph flow changes^{10 11}
5. That the amount of stretch would have different results and that the tape can "align" the fascia, has not been sufficiently researched.

More research is needed. The mechanical properties of the tape¹² have been researched and the different colours were associated with different mechanical behaviour. Thermal effects of Kinesiology tape have been analysed¹³

tape during application: (1) to provide a positional stimulus through the skin, (2) to align fascial tissues, (3) to create more space by lifting fascia and soft tissue above area of pain/inflammation, (4) to provide sensory stimulation to assist or limit motion and (5) to assist in the removal of edema by directing exudates toward a lymph duct".



Elastic Taping as an adjunct to paediatric physiotherapy con't

The evidence found so far:

A great number of case studies and smaller pilot studies² have been conducted. Two level 1b studies and one RCT³ have been published so far.^{4 5} Pain relief has been documented by various authors.^{6 7 8 9}

In Mark Thelen's study, Kase et al¹⁰ are cited as "proposing several benefits depending on the amount of stretch to the tape during application: (1) to provide a positional stimulus through the skin, (2) to align fascial tissues, (3) to create more space by lifting fascia and soft tissue above area of pain/inflammation, (4) to provide sensory stimulation to assist or limit motion and (5) to assist in the removal of edema by directing exudates toward a lymph duct".

An intensive search has resulted in the following list of studies on elastic taping of paediatric disorders.

- case series (3 children)¹¹ by Frances Powell (2001)
- pilot study: by Audrey Yasukawa et al.¹² from U.S.A.
- Case report by Hille Maas¹³ from Estonia,
- Study (16 children) by Hille Maas¹⁴ from Estonia
- Case report¹⁵ by P. Greve et al from Brasil,
- Study (10 children) by Pelland et al¹⁶ from Canada,
- Case study by Esther de Ru & Marc v. Zuilen¹⁷ from Spain
- Case studies: Trish Martin & Audrey Yasukawa¹⁸ U.S.A.
- Study 5 children Jaime P Cepeda et al¹⁹ from the U.S.A.
- Case study 12jr old female (&2 adults) R. Brandon et al²⁰
- Case series of 5 by Kayoko Maruko²¹ from Japan
- Case study baby²² by P. Nuvoli from Italy
- Case Study by Esther de Ru²³ from Holland
- Study (2 children) by Trish Martin²⁴ from the U.S.A.
- Document including protocol by A. Yasukawa and Trish Martin²⁵ from the U.S.A.
- Case Study by I. Jiménez Mata²⁶ from Spain
- Study of 28 children by Zbigniew Sliwinski from Poland
- Case series (4 children) by Carol Motyko – Miller²⁷
- Chiropractic case study by Tracy Barnes²⁸ from U.S.A.
- Study (30 children) by Beata Zuk ,Krystyna Ksiezopolska-Orlowska²⁹ from Poland
- Case study by Marc van Zuilen³⁰ from Holland
- Case study by Mariani Virginio³¹ from Italy

In the Polish Journal of Physiotherapy a number of articles regarding Kinesio taping in various paediatric disorders have been published. I have only been able to obtain one³² and but I have read all the abstracts from 2006-2009.

In NDTA Network³³ Monica Diamond speaks of both rigid and elastic tape in: Lending an Extra Hand – taping as an adjunct to NDT treatment. Tape use in the management of the Web Space, was discussed by Bonny Boeing in the 2005³⁴.

Indications and contraindications:

Indications: elastic tape claims to be effective as an adjunct therapy possibility in many disorders in adults and children. A lot of anecdotal studies support these claims. Children with various musculoskeletal and neurological problems can be helped with elastic tape.

Contraindications are: allergic reaction to test strip or after longer use, sunburn, skin disorders, open wounds, severe trauma and no results after 2 applications.

Relative indications are: certain areas of the body: the neck, the armpits, belly button, groin and organ zones.

Elastic Taping con't

Education: Education in paediatric taping is now possible in more countries. The choice to use elastic taping as an adjunct or not, is not always easy. How to plan a treatment, make goals and chose to incorporate tape into the therapy plan, is dependant of the therapists' knowledge and the child's possibilities.

I have found this elastic tape to be a very interesting new treatment possibility. We need to learn more about the skin and the cutaneous nerve system to be able to use this tape to and benefit from its potential possibilities. The fact that colours can make a difference² and that taping can have effects of organ systems^{3 4 5} is truly amazing and warrants further research.

I sincerely hope that colleagues worldwide will start exchanging information, through the WCPT or Physiobob forums about their experience and research in paediatric taping.

Esther de Ru

- ^{Mark} www.kinesiotaping.com www.medicaltaping.com
<http://www.kinesiologytaping.co.uk> <http://www.k-taping.eu>
www.atenasl.com
- ^{Mark} Manual Medical Taping, Cross taping & Spiral taping by Kim Gwang Won Korea 2005
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- ^{Mark} P.Janwantanakul et al Thailand . Vastus lateralis vastus medialis obliquus muscle activity during the application of inhibition or facilitation taping techniques. *Clinical Rehabilitation* vol 19, no 1,12-19 (2005)
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- ^{Mark} Hsu Y-H et al. The effects of taping on scapular kinematics and muscle performance. *J Electromyogr kinesiol* (2009), doi:10.1016/j.jelkin.2008.11.003
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- ^{Mark} Han-Ju Tsai et al Could Kinesio tape replace the bandage in decongestive lymphatic therapy for breast-cancer-related lymphedema? A pilot study *J. Supportive Care in Cancer* Volume 17, Number 11 / November, 2009
- ^{Mark} X.Aguado Jodar et Al Poster Congress ECSS Portugal 2008. Mechanical behaviour of functional tape: implications for functional taping preparation.
- ^{Mark} Henryk Rachenik, et al Assessment of thermal effects of kinesiology tape application *EP* 2008; 8(3):310-316
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- ^{Mark} whole personal list available from author
- ^{Mark} Bye-Then Chen et al The initial effects of kinesio taping in lateral epicondylitis – a randomised controlled trail.
- ^{Mark} Mark. D. Thelen et al. The clinical efficacy of Kinesio taping for shoulder pain: A randomized double blinded Trail. *J.of Orthop & sport P.T.* vol. 38 nr 7, July 2008
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- ^{Mark} Javier González-Iglesias et al (2009) Short term effects of cervical kinesio taping on pain and cervical range of motion with acute whiplash injury: a Randomized Clinical Trail. *JOrthop*
- ^{Mark} W. Evermann (2008) Effekte des elastischen Tapings bei ausgewählten funktionellen Beeinträchtigungen des muskuloligamentären Apparates. *KiM Kompelemt.integr Med* 18/2008 (German).
- ^{Mark} Catucci Maria (2009) Studio lombalgia con controllo sulla mobilità articolare e VAS del dolore con Taping NeuroMuscuolare. Newsletter Jan 2009 website Aneid (Italian).
- ^{Mark} Javier Moreno Sanjuan (2009) Hallux valgus tratamiento comperativo entre: kinesiotape, vendaje funcional y terapia manual www.efisioterapia.net (Spanish)
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- ^{Mark} Frances Powell (2001) The effects of Kinesio taping method in treatment of congenital torticollis case studies. *Kinesio website*
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- ^{Mark} The pediatric physical therapy intervention using kinesiotaping in Estonia. *FP2007;7(3):355-361*
- ^{Mark} Pediatric physical Therapy intervention using kinesiotaping in Estonia. *Int.Confr Baltic Child may6-9,2009pg110-113*
- ^{Mark} Effect of the bandage Kinesio Taping in spasticity in Cerebral Palsy in diparetic Palau de Congressos WCPT RR-PO-1673
- ^{Mark} Predictive control of posture to voluntary model of the effects of kinesio tape on motor performance poster AACPDM 2007
- ^{Mark} Vendaje Neuromuscular integrado en fisioterapia funcional pediátrica. Jornada Hispano-Brasileira Alteraciones en Neurología Infantil 8 y 9 de mayo de 2009 Madrid (english-translation)
- ^{Mark} Kinesiotape in paediatrics to improve Oral Motor Control & TMJ instability 18th Annual Symposium Tokyo 2003 (Kinesio website)
- ^{Mark} Does Kinesio taping of the abdominal muscles improve the supine-to-sit transition in children with hypotonia? (Kinesio website)
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Message from the Research Committee

The research committee of IOPTP, chaired by **Dr. Ann Van Sant** (US) has been active getting **two surveys** off the ground. The first, which is being conducted by Ms. Hilda Mulligan, from New Zealand is designed to discover how expert paediatric physiotherapy researchers/clinicians perceive current and future status, scope and role of paediatric physiotherapy throughout the world.

Ms. Mulligan is conducting **interviews to collect data from physiotherapists** using semi-structured questions using skype and telephone. She is interviewing physiotherapists who are held in esteem by their paediatric physiotherapy peers. Findings from the study will be presented in a report to IOPTP and at the WCPT Congress 2011.

Dr Maggie O'Neil from the US is spearheading a second **survey designed to tap as many physiotherapists as possible in each member nation**. That survey addresses the current state of research in paediatric physiotherapy and the individual's involvement in research. The survey will also begin to explore the state of evidence based practice and access to research literature. This survey will also be presented as a report to IOPTP and at the 2011 Congress in Amsterdam.

A by-product of this effort is the generation of a **listing of paediatric physiotherapy researchers from around the world**. This list should provide the committee with resources for meeting its agenda to **promote physiotherapy research throughout the world**.

The committee has also offered its services to review abstracts for the WCPT Congress 2011.



THANK YOU FOR READING THE IOPTPT NEWSLETTER - STAY TUNED TO THIS SUMMER'S EDITION!