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International Organisation of Physical Therapists in Paediatrics

THE IOPTP NEWSLETTER

THE INTERNATIONAL ORGANISATION OF PHYSICAL THERAPISTS IN PAEDIATRICS

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IOPTP PRESIDENT'S MESSAGE

SHEREE YORK PT, DPT, PCS

Most of us have continued to provide services for children with delays and disabilities during 2021 as the pandemic has continued. What challenges we've overcome with virtual meetings and interventions! I've been thankful to be able to return to evaluating children in clinics and teach at our university PT program, first with Zoom and later in person with masks and distancing. I just returned from a visit with Barbara Connolly, our former IOPTP president and current secretary: both for fun and a bit of IOPTP work. World Physiotherapy (WP) is updating the constitution and other supporting documents. We have begun drafting our updated documents and received direction during a zoom meeting with World Physiotherapy staff and other organization presidents. Updating and simplifying the documents will provide clearer direction for managing IOPTP business and supporting our members around the world.

I hope that many of you were able to participate in the WP virtual conference. Topics in pediatrics included several sessions on physical activity and participation as well as musculoskeletal pain, social determinants of health, and plagiocephaly. We certainly will be planning the IOPTP sessions at the next WP conference in Tokyo in 2024. Some other subgroups are holding separate conferences as well. This may be considered by the IOPTP board, especially with the opportunity to present programs virtually. I value your input into this decision.

In closing, I wish you all good health, safety and success in providing service to children and/or teaching our next classes of students.

THE UNMEASURED IMPACT OF COVID-19 ON PEDIATRIC PHYSIOTHERAPY IN PORTUGAL

WRITTEN BY
ANA RITA SARAMAGO E VIRGÍNIA MARQUES (GIFIP BOARD CHAIRMAN AND VICE CHAIRMAN)

In this troubled time, and probably more than at other difficult times, physiotherapists must test their resilience, flexibility and competence to adapt their intervention to this pandemic situation. During the first confinement in 2020, Associação Portuguesa de Fisioterapeutas (APFISIO) in collaboration with the different interest/specialization groups, developed support and guidance material for this adaptation. This was used to guide direct intervention with patients in general, according with those issued by the National Health Board, as well as those issued by the respective legal hierarchy of the different services and organizations.

We know, however, that in the pediatric population, mainly in the earliest ages, avoiding physical direct contact is difficult, if not impossible. So, we believed that the risk / benefit ratio of maintaining direct physiotherapy intervention with infants and children needed always to be assessed on a case-by-case basis. It was then advised by Grupo de Interesse de Fisioterapia em Pediatria (GIFIP), the profile of pediatric user that even in the current epidemiological situation, would benefit in continuing physiotherapy direct intervention:

- pediatric population with acute respiratory infections and who are at a stage of the disease in which bronchial hygiene techniques are recommended;
- babies admitted to the NICU and PICU
- children / teenagers with acute neuromuscular and musculoskeletal trauma sequelae
- infants / children / teenagers with neuromotor diseases at risk of worsening or regressing the condition.

FOR PRIVATE INTERVENTION, WHETHER IN A CLINICAL OR HOME-BASED CONTEXT, FOR WHOM THE CONTINUITY OF DIRECT INTERVENTION WAS CONSIDERED, THE CITED ABOVE RECOMMENDATIONS SHOULD BE FOLLOWED.

However, during this first mandatory confinement in 2020, the vast majority of pediatric Physiotherapy patients were forced to stop their entire rehabilitation process, since all treatments / support considered non-urgent and on an outpatient basis were suspended, either at hospital level, in primary health care, in the National Service of Early Childhood Intervention (SNIPI) and educational settings, or at clinics or rehabilitation centers, having only been provided physical therapy care at hospital inpatients considered as urgent.

In this period, pediatric Physical Therapists tried somehow to continue monitoring the intervention, through the passage of strategies to households by telephone call, video call, synchronous and / or asynchronous sessions via digital platforms, or email. For this purpose, GIFIP guidelines were directed towards a professional-family partnership model, being the physiotherapist responsible for planning the intervention goals and parents the active actors in the direct work with the child. But we know, however, that this is not at all the most efficient way for a better intervention, even if we never forget the vital role of parents / caregivers and children / youngster as active partners in this process. It´s the physiotherapist exclusive knowledge of how to see, measure and feel – evaluate, how to plan – establish intervention goals and strategies, how to do – intervene directly with the infant / child, and how to educate – pass strategies to parents /caregivers / child, that makes the intervention process effective.

Of all the negative factors that confinement brings, inactivity is one of them, and perhaps the greatest of all. With inactivity, we see in pediatric users, either with or without some kind of pathology, a loss in strength and muscle mass, as well as an increase in muscle fatigue.

With prolonged inactivity and its implications at the muscular level, the skeleton in development and growth may also suffer, particularly in decrease in mineral content and density, as well as in its alignment. The installation of deformities or worsening of pre-existing conditions, in addition to the resulting decrease in quality of life that comes with it, will lead to the need for more invasive and costly techniques for their resolution, such as the likely occurrence of corrective surgery in the future.

If this fact is probably more obvious in more severe or chronic cases and, usually, more associated with neuromotor pathologies, these are not the only users of Pediatric Physiotherapy affected by this standstill in direct intervention. Knowing that urgent and priority care has been provided for hospitalized children, our main concern is with outpatient and assistance care, whose resumption has been gradual, adaptive to the new circumstances and limited by them.

Regarding some examples, for premature infants after discharge from the NICU / PICU and infants with motor development delay, with or without associated neuromotor pathologies, an early and timely stimulation can mean a more harmonious and closer to the normative development. This pause in stimulation may imply the installation of a non-reversible situation, due to the decrease or even loss of motor skills acquisition, as well as disturbances in the growing musculoskeletal system, which will lead to a decrease in activities participation as expected for their age, including educational, with the consequent increase in health and education expenditures in the medium / long term.

For children with respiratory disorders, especially chronic illnesses with acute episodes, such as asthma or cystic fibrosis, although they have usually been taught about strategies to deal with the different stages of their disease by the physical therapist, are patients who require a systematic monitoring for maintaining ventilatory capabilities.

The same happens with those with rheumatological diseases, such as Juvenile Idiopathic Arthritis, for example. The physical limitations inherent to this pathology, whether transient or progressive and that may lead to impaired mobility, functionality and physical activity, are lessened by the physiotherapist continuous monitoring, in promoting an improvement of joint mobility efficiency, the maintenance of ranges of movement, the prevention of disease progression and the onset of deformities and, last but not least, pain management.

OF ALL THE NEGATIVE FACTORS THAT CONFINEMENT BRINGS, INACTIVITY IS ONE OF THEM, AND PERHAPS THE GREATEST OF ALL.

THE LOCKDOWN AND PEDIATRIC PHYSIOTHERAPY

WRITTEN BY LORETTA CARTURAN (PT)
PRESIDENT OF THE PEDIATRIC SUBGROUP OF THE ITALIAN ASSOCIATION OF PHYSIOTHERAPISTS

From this day in which I am writing this article to when it will be sent to print, I really have no idea how things will evolve. As per today, it being the middle of summer, the emergency has scaled down but the infections are still there and a slight increase in ICU admissions is still underway. It is a fact that since March we all have been catapulted into a completely new (and hopefully unique) experience related to a disease that still involves, on various fronts, professionals in healthcare and beyond.

Our category is usually in direct physical contact with the patient and we communicate directly with caregivers. This situation has overturned this way of working and made us protagonists of a search for effective and efficient alternative solutions for a range of patients who are usually managed via long-term multidisciplinary management.

Since the emergency was declared by the Italian Prime Minister, our Italian group of Pediatric Physiotherapy (GIS PT Ped), a subgroup of the Italian Association of Physiotherapy AIFI, has promoted dialogue amongst the many pediatric physiotherapists on the strategies they found to continue to manage and not abandon our little patients and their families.

PHOTO BY ERGONOFIS ON UNSPLASH

Thus as the days and weeks passed we accepted and collected numerous requests for help from families and colleagues alike. No experience of such great importance and range had ever been activated in order to incorporate even minimum good practices.

This is how, in a few days, a questionnaire was created and was sent to all GIS PT Ped members between March and April 2020. The questionnaire tested which strategies were adopted in order to find alternative ways of remote working.

THROUGH THE QUESTIONS ASKED, WE WERE ABLE TO BETTER UNDERSTAND THE WORKING EXPERIENCE OF PROFESSIONALS WITHIN DIFFERENT WORKING ENVIRONMENTS.

Of all questionnaires sent only a third answered : 50% of colleagues work in public services while the rest in private centers with agreements (33%) or in the private sector (17%). 69% of the total number of interviewed therapists works exclusively in the pediatric domain.

The question **"were you able to activate remote working modes in this period of health emergency?"** was answered "YES" by 79% of respondents while the remaining 21% found it impossible to do so. The reasons for this were the great difficulty to have adequate and easily available tools to start a remote work program in some working realities.

Among the most used methods were telephone and video calls (77%) through which many colleagues were able to maintain contact with families. This method was adopted in order to reorganize activities that could be transferred to caregivers in a domestic setting. Of all the calls, 62% consisted in support to parents through interviews aimed at giving advice on how to improve child's skills and giving feedback on the videos that parents sent to colleagues for viewing.

34% of colleagues were also engaged with phone calls with other health professionals who were part of the rehabilitation program of the child. Furthermore, 45% used e-mails to send tutorials or materials customized to the needs of the individual patient.

THIS RESEARCH ALLOWED US TO PUT TOGETHER A LIST OF SOURCES AND MATERIALS THAT PROFESSIONALS USED TO AID FAMILIES IN REMOTE THERAPY.

What also emerges from this investigation is that while remote work became more necessary during the emergency in order to maintain continuity in the therapeutic relationship with families and with the team involved in the rehabilitation program, it was also a common practice before the COVID-19 pandemic.

A part from remotely guiding the caregivers in performing activities with the child, the topics that were covered and supported during the remote work were many. Time was dedicated to the discussion of primary prevention (especially for new parents!), advice on equipment and aids in use, indications on use of materials for graphic-motor and praxic-constructive activities, on how to talk to children about the COVID-19 emergency and beyond.

We have therefore collected some critical issues that could be used to modulate any similar situations but also to reshape our way of working. In particular, both professionals and families should be better equipped with the necessary technology. Often families either do not possess the materials and applications that permit them to keep in touch with professionals, or do not know how to use them.

Furthermore, time, places and people involved are not always adequately safeguarded in terms of privacy and effectiveness of our intervention (how to evaluate it?).

Live, face-to-face work certainly maintains the most absolute value in terms of effectiveness and efficiency, but it certainly could be improved by integrating the use of technology, as professionals have done in the lockdown period.

Finally, we can say that all this would require an enormous collective and social effort that should ensure that the political and economic actors, that manage Public Health, go on to support and stimulate change by relying on and trusting professional expertise. To understand the impact of phenomena such as this pandemic and work effectively towards a better future, it is also urgent to consider the carefully characterized social determinants of health and the causes of the inequalities highlighted in recent months.

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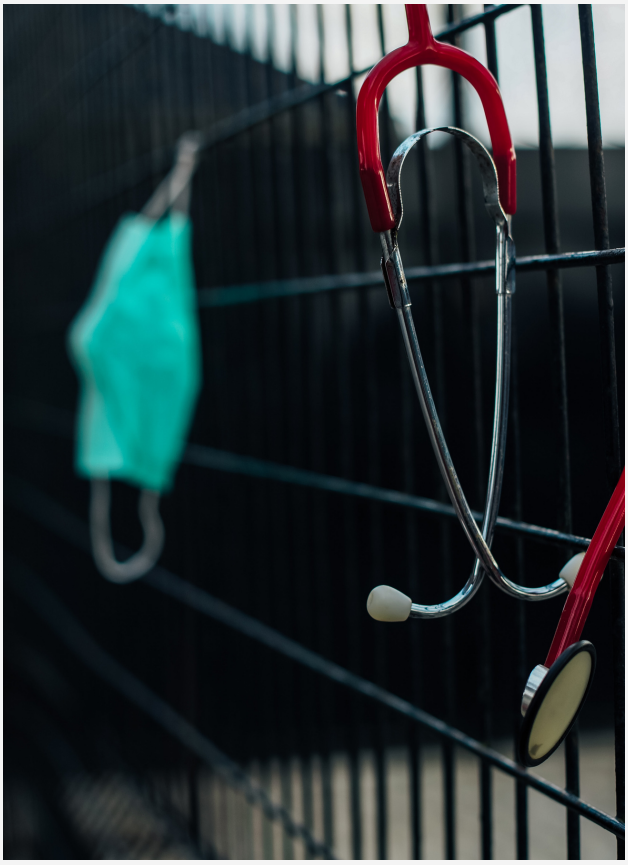

PHOTO BY OLUWASEYI JOHNSON ON UNSPLASH

The COVID-19 crisis has in fact highlighted how much people's health depends in a vital way on the preparation of the public health system and its ability to respond to patient's needs.

IT TAUGHT US THAT WE CANNOT SUCCEED IF WE DO NOT HAVE A STRONG COLLECTIVE LEADERSHIP AND AN EFFECTIVE HEALTH ORGANIZATION.

Therefore, we stress the importance of maintaining the discussion and sharing of choices made in the context of the emergency, as we have attempted to do as the GIS. This way we will be able to provide useful tools to build alternative paths and communication links with our young patient's families and to improve our work with them even in hard times such as these.

PHOTO BY ⌧ JANKO FERLIČ ON UNSPLASH

SUPPORTING HEALTH PROFESSIONALS AND FAMILIES AMIDST THE COVID-19 PANDEMIC

THE MURDOCH CHILDREN'S RESEARCH INSTITUTE AND THE UNIVERSITY OF MELBOURNE, AUSTRALIA

In March 2020, The Centre for Research Excellence (CRE) in Newborn Medicine at The Murdoch Children's Research Institute, together with The University of Melbourne, began developing resources to meet the needs of paediatric health professionals and families who amidst the COVID-19 pandemic needed to rapidly change and adapt how they delivered and received health care. With restrictions on travel and face to face appointments, many organisations transitioned to Telehealth to continue providing health care to families and their children. For many families, as well as health professionals, Telehealth is an unfamiliar practice and through discussions with our colleagues and partners in the paediatric health care community, the need for a resource to support the transition to Telehealth and ensure families and their children can continue to receive and actively participate in their health care was identified.

Through an extensive iterative process, a team of multidisciplinary health professionals and consumer representatives from the CRE in Newborn Medicine's Consumer Advisory Group worked together to develop two educational guides to support families and health professionals using Telehealth. The design and layout of the guides were carefully considered to ensure the content was clearly communicated and they were user friendly. External review by health professionals experienced in delivering Telehealth around Australia was sort and following further revisions, the 'Attending Your Child's Video Appointment: A Telehealth Guide for Families (infant version) was launched in April 2020, followed by an early childhood version with age appropriate graphics in September 2020. The Telehealth guides provide families with instructions on getting ready and connecting to telehealth and enable health professionals to communicate additional instructions and contact details using a modifiable section of the guide.

Since their initial launch, the Telehealth guides have supported families and health professionals around the world to partner in health care utilising Telehealth. Downloaded over 250 times from the CRE in Newborn Medicine website, the guides continue to be a popular resource for families and health professionals and through partnership with other academic institutions and health organisations, are now being translated into other languages.

To access a copy of the Telehealth guides, including an Arabic translation, please click on the link below and follow the download prompts. For any questions regarding the Telehealth guides please email us at: crenewbornmedicine@mcri.edu.au

https://www.crenewbornmedicine.org.au/for-families/resources-for-download/

INTERNATIONAL ORGANISATION OF PHYSICAL THERAPISTS IN PAEDIATRICS

WORLD PHYSIOTHERAPY CONGRESS IOPTP POSTER PRESENTATIONS

- Motor prognosis among acquired versus congenital microcephaly in congenital Zika syndrome.
  Authors: EHM Takahasi, MTSSB Alves, MRC Ribeiro, VMF Simões, VFP Souza, PS Sousa, AAM Silva.
  Contact: EHM Takahasi | elimorioka@gmail.com
  Country: Brazil

- Tai Chi-muscle power training for children with developmental coordination disorder: A randomized controlled trial.
  Authors: SM Fong, MY Chung, CM Schooling, YH Wong, HYLau, WY Chung Shirley.
  Contact: SM Fong | smfong@hku.hk
  Country: Taiwan

- Dynamic Visual Acuity after Concussion: Relating Clinical and Computerized Measures in Children and Adolescents.
  Authors: Oren Elsman , Adrienne Crampton, Elizabeth Teel , Kathryn Schnieder, Michal Katz-Leurer, Mathilde Chevignard, Miriam Beauchamp, Chantel Debert, Isabelle Gagnon .
  Contact: Isabelle Gagnon | Isabelle.gagnon8@mcgill.ca
  Country: Canada

- Prevalence of Ocular Motor and Vestibular-Ocular Impairments in Children and Adolescents with Concussion.
  Authors: Catherine Triantefillou, Adrienne Crampton, Elizabeth Teel, Kathryn Schnieder, Michal Katz-Leurer, Mathilde Chevignard, Miriam Beauchamp, Chantel Debert, Isabelle Gagnon
  Contact: Isabelle Gagnon | isabelle.gagnon8@mcgill.ca
  Country: Canada

PHOTO BY MATHILDE LANGEVIN ON UNSPLASH

- Evaluating a student -led outpatient physiotherapy service for underserved children with developmental disabilities: a retrospective record review in the Philippines.
  Authors: Edward James Gorgon, Christopher Cayco, Alma Labro, Aila-Nica Bandong, Anna Christina Domingo, Andrew Leaver
  Contact: Edward Gorgon | ergorgon@up.edu.ph
  Country: Philippines

- Cardiorespiratory fitness and muscular strength of Greek primary school children in relationship to obesity and sedentary time.
  Authors: Ilias Iliadis, Savvas Chajiandrea, Garyfallia Pepera Garyfallia Pepera
  Contact: gpepera@uth.gr
  Country: Greece

- Health professionals', children' and families" views of the importance of outcomes of lower limb orthopaedic interventions: A qualitative study.
  Authors: Hajar Almoajil, Helen Dawes, Sally Hopewell, Francine Toye, Tim Theologis
  Contact: Hajar Almoajil | hajar.almoajil@ndorms.ox.ac.uk
  County: UK/Saudi Arabia

- The need for a core outcome sets for lower limb orthopaedic interventions in ambulatory children with cerebral palsy: A Qualitative Evidence Synthesis and Scoping Review.
  Authors: Hajar Almoajil, Helen Dawes, Sally Hopewell, Francine Toye, Tim Theologis
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  Country: UK/Saudi Arabia

NEWSLETTER COMPILIED BY THE IOPTP COMMUNICATIONS COMMITTEE

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