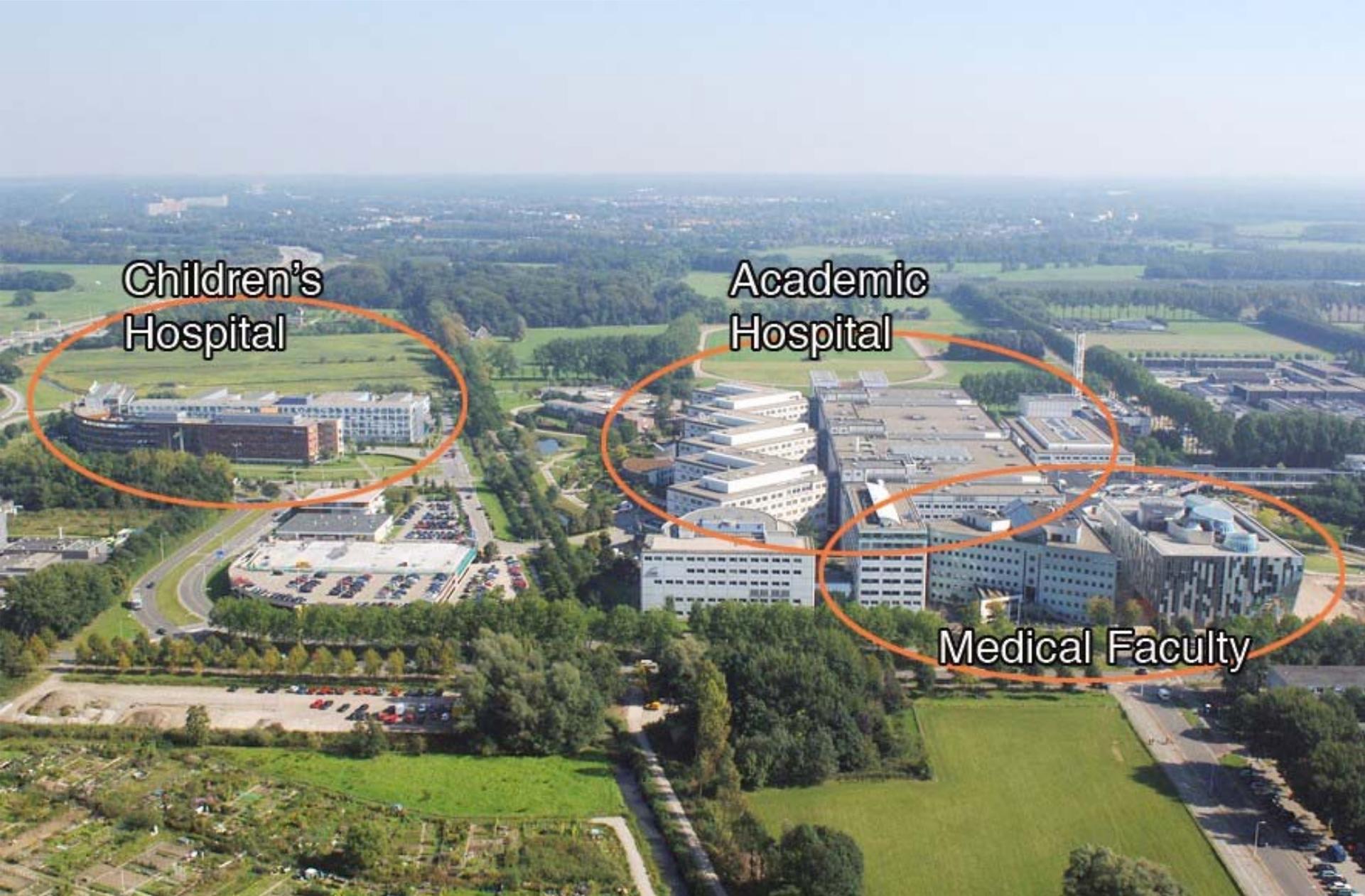




UMC Utrecht

The changing panorama of Physiotherapy in the Netherlands

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**Children's
Hospital**

**Academic
Hospital**

Medical Faculty

Physiotherapy at the end of 1960

- Interventions were thought to bring it all ; even positive effects on inflammation, radiological abnormalities, length of hospital stay and anatomical deformations
- Effects were rapidly noticeable
- The profession was MD dominated (orthopedics)
- Patients were passively involved, they “endured it all”
- Very mechanistic view, impairments oriented
- Physiotherapy was a booming “business”



Theoretical developments in the 60's

- Disablement Process (Nagy, Wood)
- Adapted for Physiotherapy (Jette, Verbrugge)
- Pathokinesiology and System approach (Hislop)
- ICDH Classification frame (WHO)
- ICF Framework (WHO)

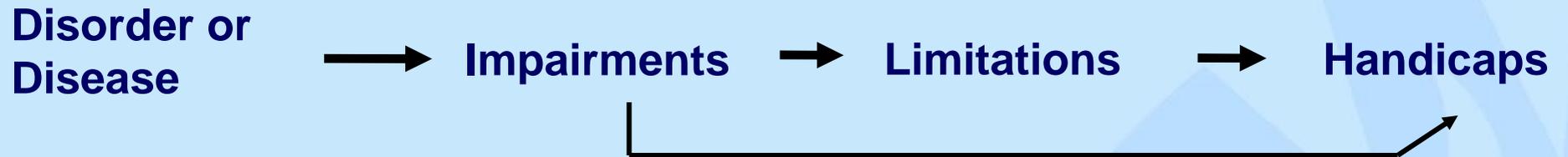


Line of reasoning so far...

Correction and/or normalization of all the existing impairments will automatically result in an improved function and/or in the prevention of a handicapping condition



as illustrated by the ICDH



! Mind the one-way arrows !



However,

Biology and especially human functioning turned out to be much more complicated. Physiotherapists had to change and adjust their views, theories and expectations.

Human functioning cannot be viewed independently from its genetic make up and associated environmental demands.



Disablement process

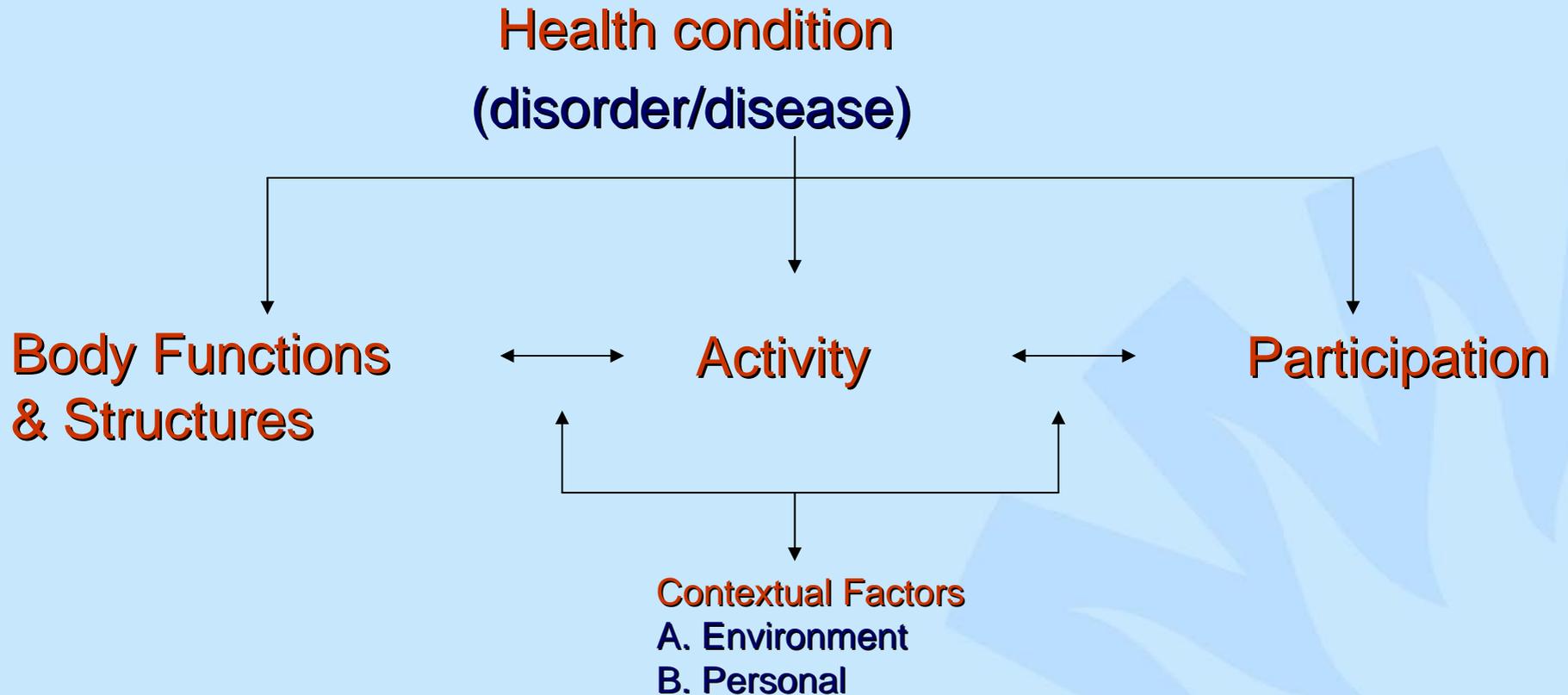
Is used to describe how acute and chronic conditions may affect functioning in specific body systems, fundamental physical and mental actions, and activities of daily life.

It is a description of the functional consequences of a given condition.

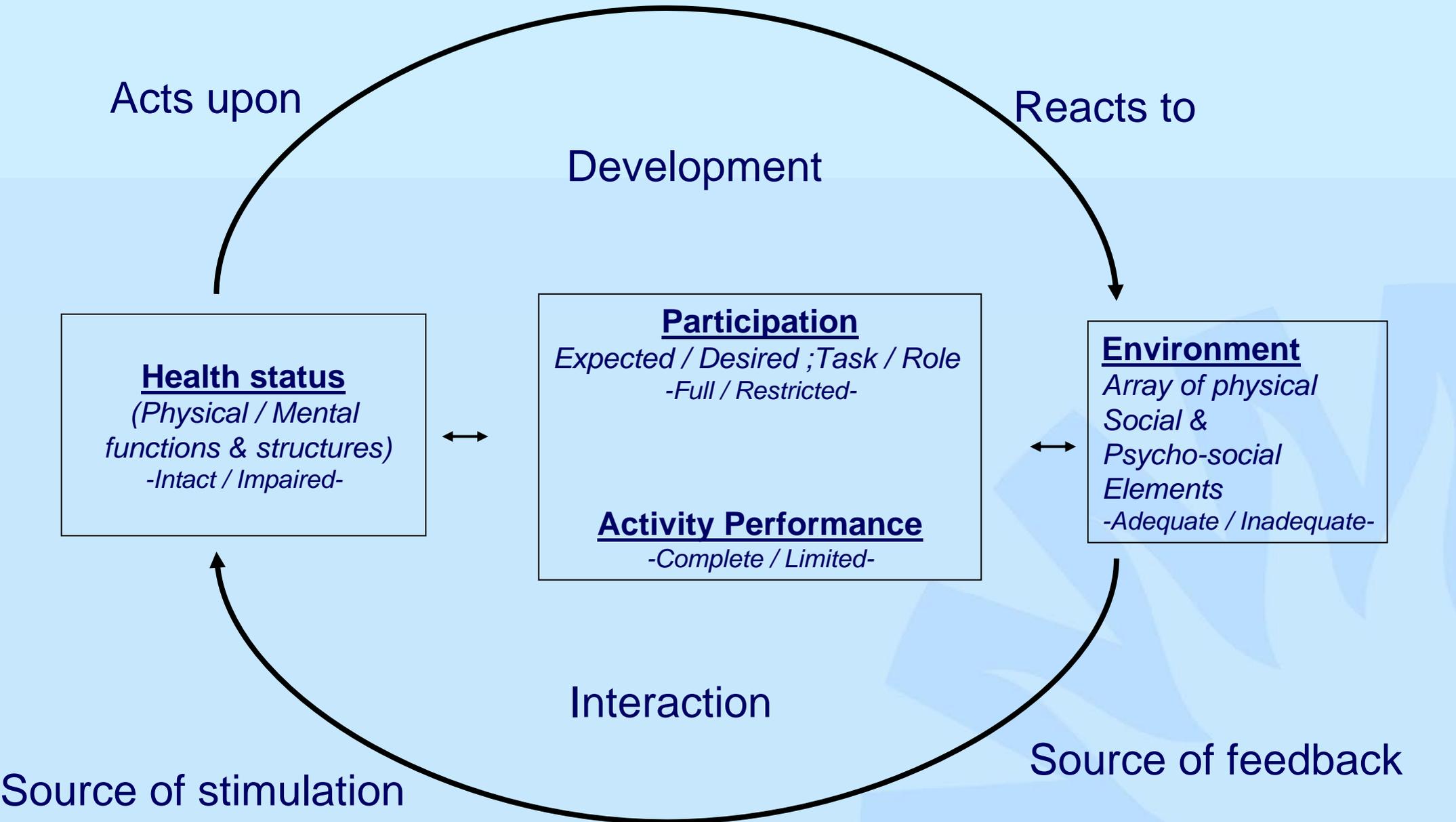
Jette AM, Phys Ther 1994;74:380-386



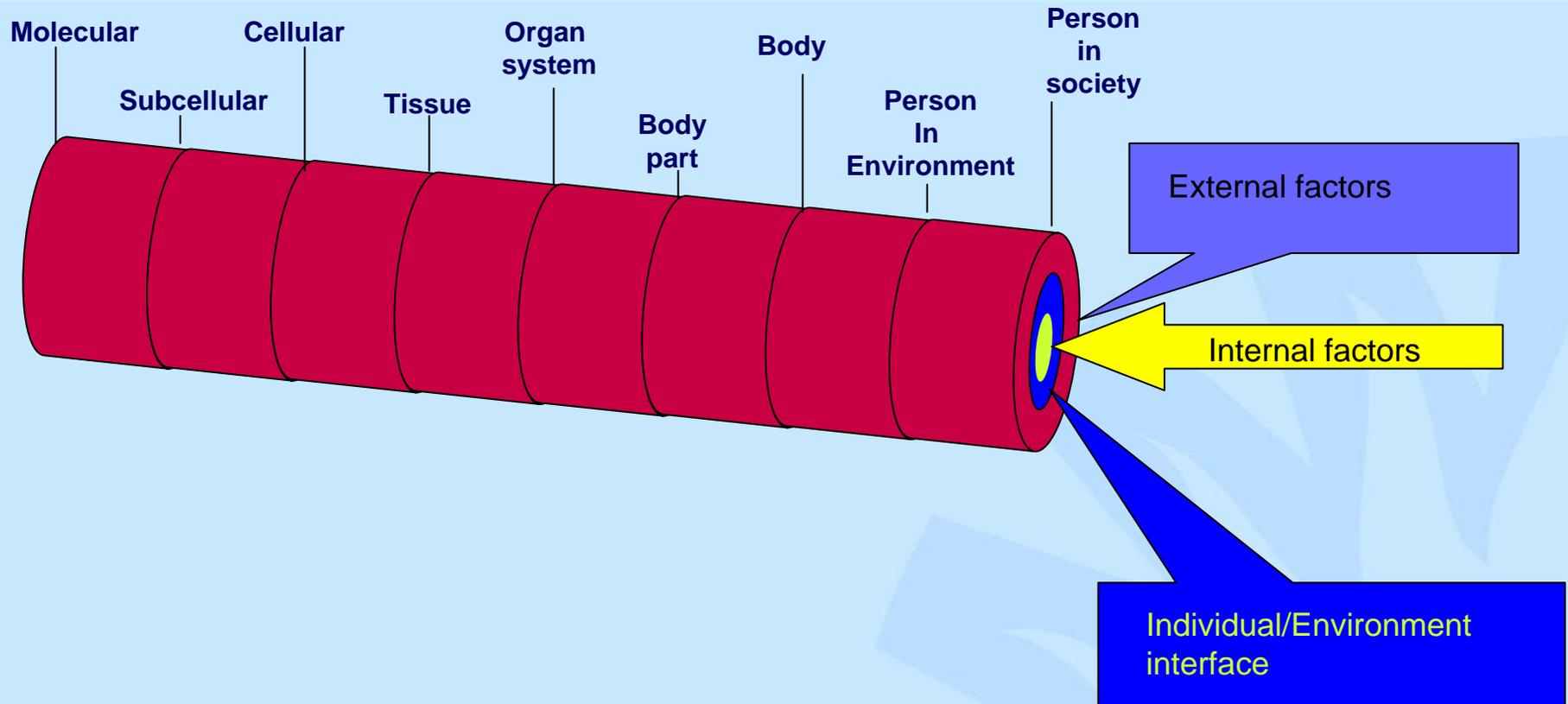
ICF



ACTIVITY AND PARTICIPATION FRAMEWORK



CONTINUUM OF MOVEMENT



Paradigmashift at the end of last century

- 'Dis-ablement'
 - Patient centered
 - Therapist driven
 - "Automatic" transfer
 - Medicine
- 'En-ablement'
 - Family/Spouse centered
 - Patient driven
 - Changing environment
 - Disability Medicine



Shift in Interventions

Impairment focused

Normalization

Mechanistic view

Doctor's prescription

Doctor's referral

PT - 'Know-it-all'

Activity focused

Adaptation/Compensation

Functional view

Therapist's prescription

Direct access

PT (Sub-)Specialists



Shift in Research

Medical diagnosis

By medical doctors

Biology as paradigm

Isolated intervention

Passive patient

Doctor's outcome

Efficacy research

Functional problem

By physiotherapists themselves

Bio-psychosocial paradigm

Within relevant context

Actively involved patient

Patient's outcome

Effectiveness research



What did we learn...

- Strong correlation between disease (severity) and impairment level
- The various impairments do change differently over time
- Low correlation between impairments and activities
- Functional profiles related to the disease characteristics are much more of interest
- Focusing on function/activities yields better results



What do we want to know...

- What is the natural course of a given condition
- Which are the prognostic factors
- Which are the key-variables for intervention
- What is the optimal treatment time and duration
- In short: what is right for our patients



How to reach this goals...

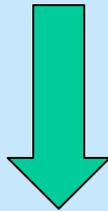
- Refinement of our clinical reasoning process
- Refinement of our research
- Being strict in our indications for intervening
- Being clear of what we want to achieve and what to expect
- Stop embracing new unproven therapies!



Refinement of the clinical reasoning process

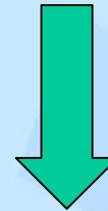
'clinical reasoning'

Diagnosis
Treatment Plan
Intervention
Outcome



'problem solving'

Hypothesis
Patient and Methods
Experiment
Results



Body of Knowledge



Refinement of our Research

- Physiotherapists should take the lead in their own research
- Research should reflect physiotherapy as it is actually practiced in a day-to-day setting, not as a laboratory setting
- Not only *efficacy*, but also *effectiveness* research
- Focus on comprehensive research programs, not just on projects



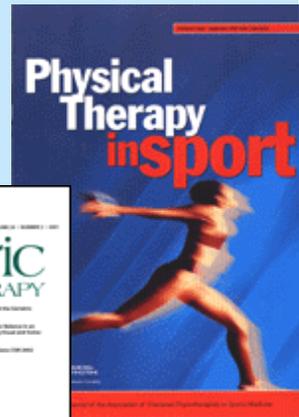
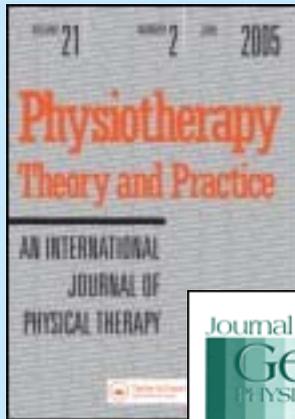
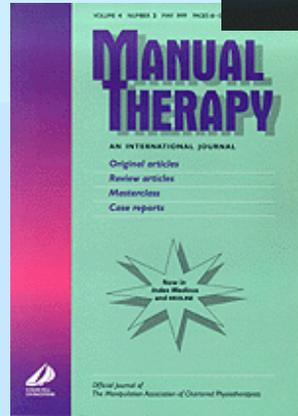
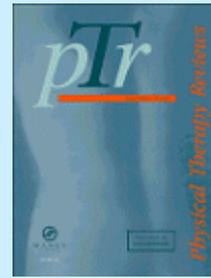
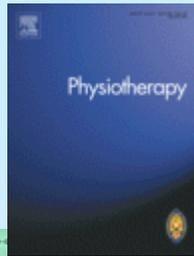
Being strict in our indications

- We have to reach consensus within the profession as to what is the best intervention for a given condition
- We have to admit that physiotherapy has its limitations; we can not heal it all
- We have to stay far from unproven remedies, one-size-fits-all solutions, 'believers' and 'therapy Guru's'



And moreover.....

- Show your professional pride, you're entitled to it!
- Read, write, publish, and discuss, it is the very foundation of professional activity!



**In memory of Dr. Jules Rothstein,
for his great contribution to our Profession**

**Thanks for your attention and enjoy
your day!**



Schiermonnikoog, elected being the most beautiful area in the Netherlands in 2006