



# Recognizing 200 years of International OMPT practice

Cameron MacDonald  
A fellow with an interest



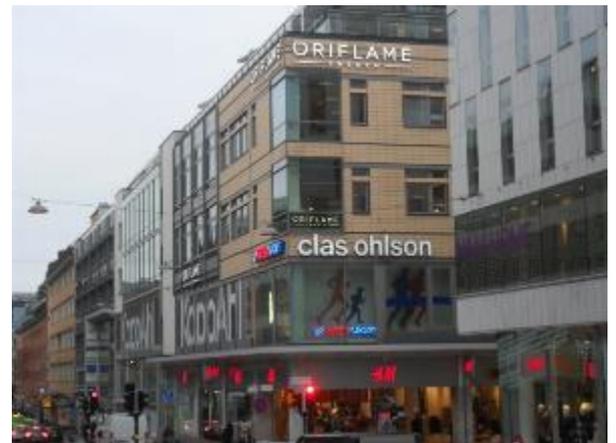
# Introduction

- Bold statements are exciting, until asked to prove it!
- In the USA we have ongoing battles to utilize manipulation and struggle to defend our actions over the long course of time
- Many still propose we are derived from reconstruction aides from 1921 with no prior history
- Perhaps if we knew more of our history we would have less confusion.

# A better introduction

- Is this the 200 year anniversary of OMPT?
- SOAP notes: helpful IF you have history
- Reinforced for us yesterday
  
- Recent travels in Europe searching for our history took me through Italy, Germany, Sweden (on target) and very briefly England (running through Heathrow)
  
- That was Saturday - Wednesday. Slides are ready today!

# Welcome to Sweden 2013



# Gymnastik – och idrottshogskolan



GIH-10-15-13

# Why Sweden?

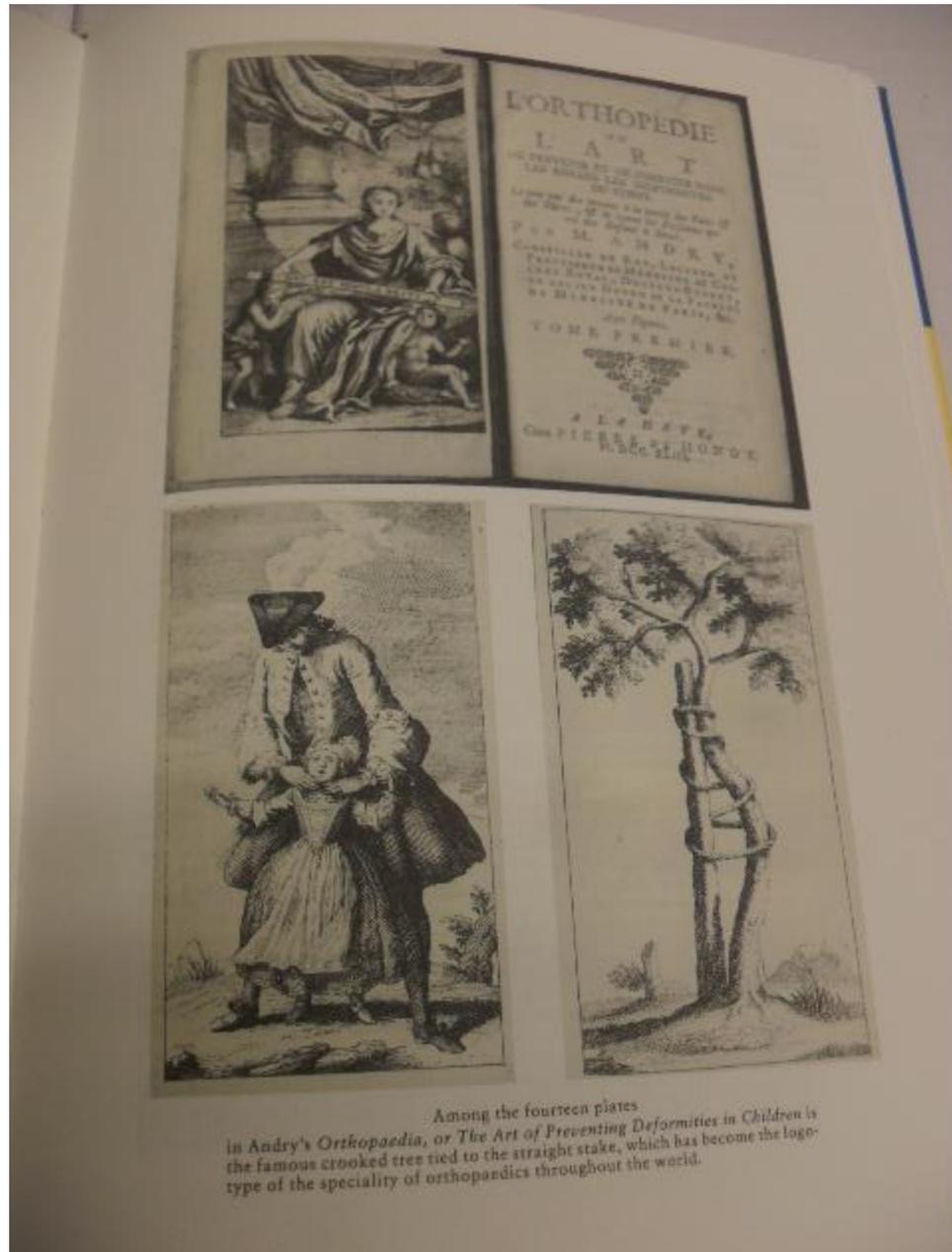
- Better than some parts of the world right now to visit.
- I thank/blame/praise a few people for setting me on this course...
- Mike Hoy
- Bryan Dennison
- Britt Smith
- And a couple of Swedish Gents, Ragnar Felise for one

# How does this statement sit?

- “Physiotherapy is the fundamentals of all modern treatment that make use of manual methods and exercises. The development of more recent manual therapies as Osteopathy, Chiropractics, Naprapathy or Kinesiology are in that sense heavily linked to the efforts of the physiotherapists in the 19th century.”
- <http://www.chronomedica.se/>
- ... and Anders Ottosson causing a stir circa 2009

Really...?

Andry 1742  
Orthopedia, not very  
PT like



# History though is written by the victors.

- Today we review the argument that physiotherapists (kinesiotherapist/mechanotherapist/sjukgymnastik) in Northern Europe had an established profession with a scientific basis by the early 1800's, and it lead the way in OMT interventions.
- *The Manipulated History of Manipulations of Spines and Joints? Rethinking Orthopaedic Medicine Through the 19th Century Discourse of European Mechanical Medicine*
- Anders Ottosson - Medicine Studies 3 (2):83-116 (2011)

# So when did OMPT start...

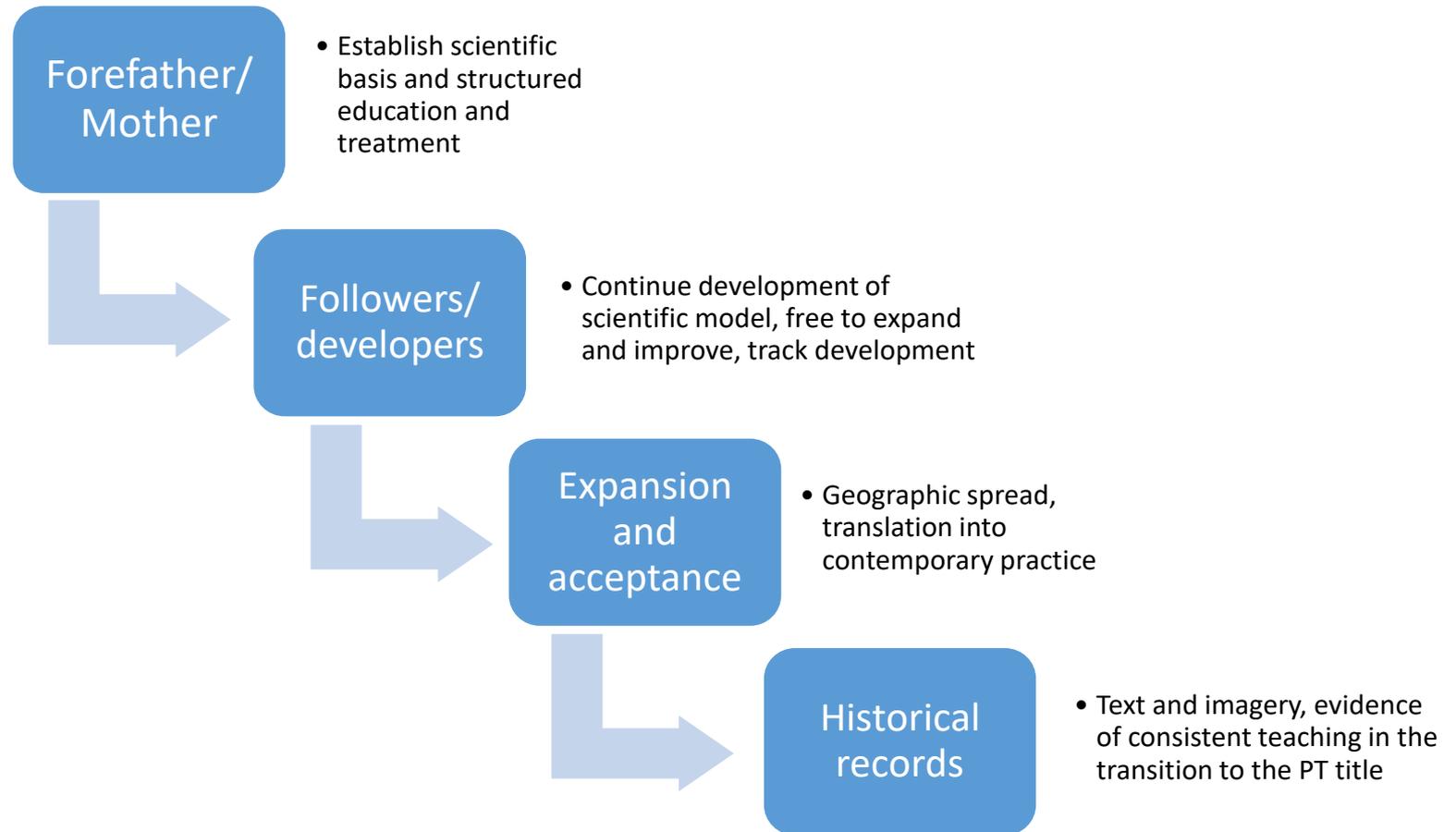
- Is 2013 the 200 year anniversary of the OMPT profession??
- We will consider the Royal Central Institute of Gymnastics (RCIG), later the GHI.
- Swedish word for a Physical Therapist is 'sjukgymnast' which means 'sick-gymnast'



# If we are to accept a starting point for OMPT, what do we need to see?

- I would offer these would help:
  - A direct link to the practice of today
  - A scientific rationale for treatment delivery
  - Evidence of outcomes assessment
  - A structured educational model
  - Written description of techniques
  - Written patient cases
  - Photographic evidence

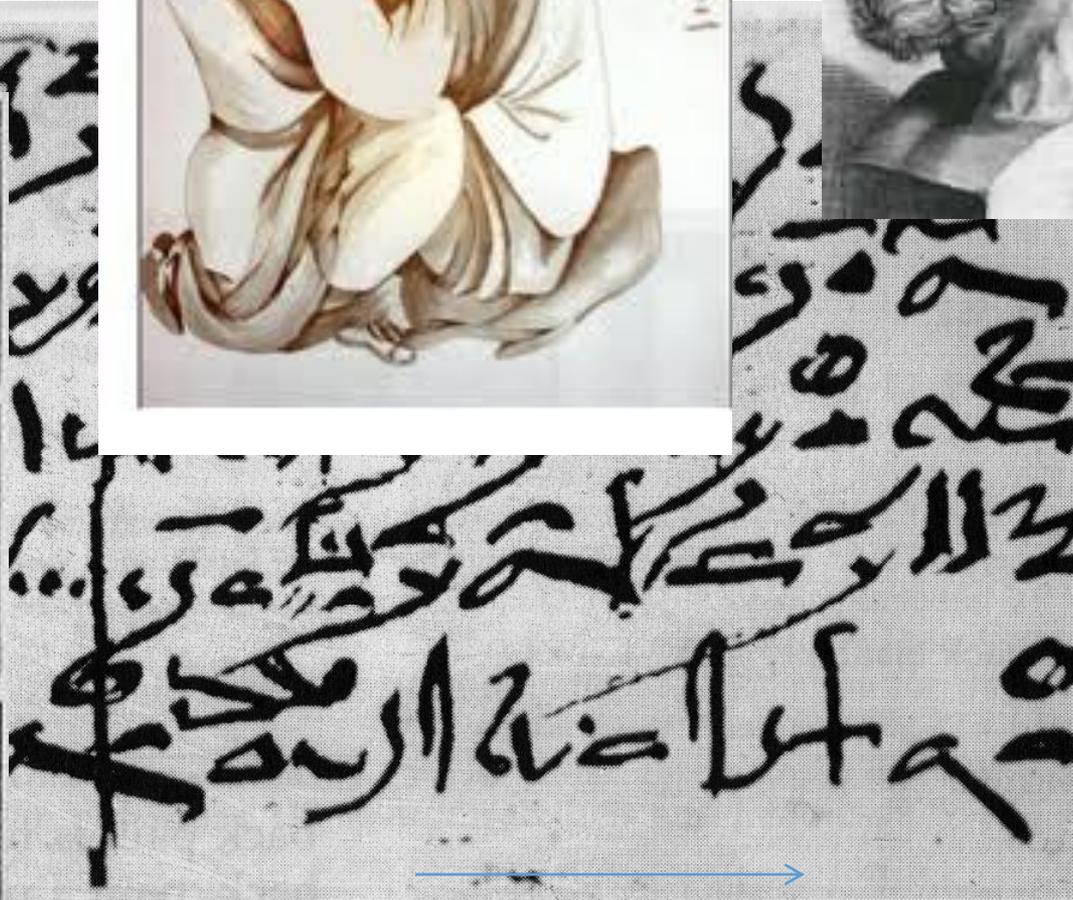
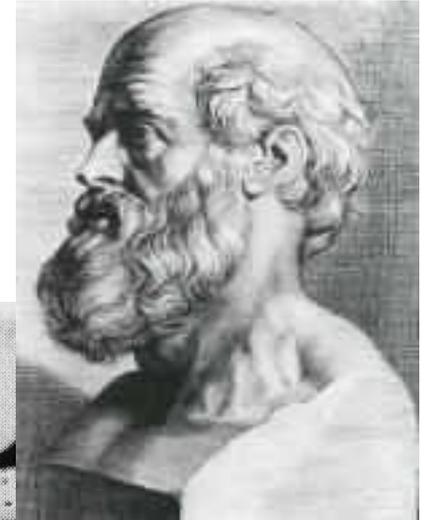
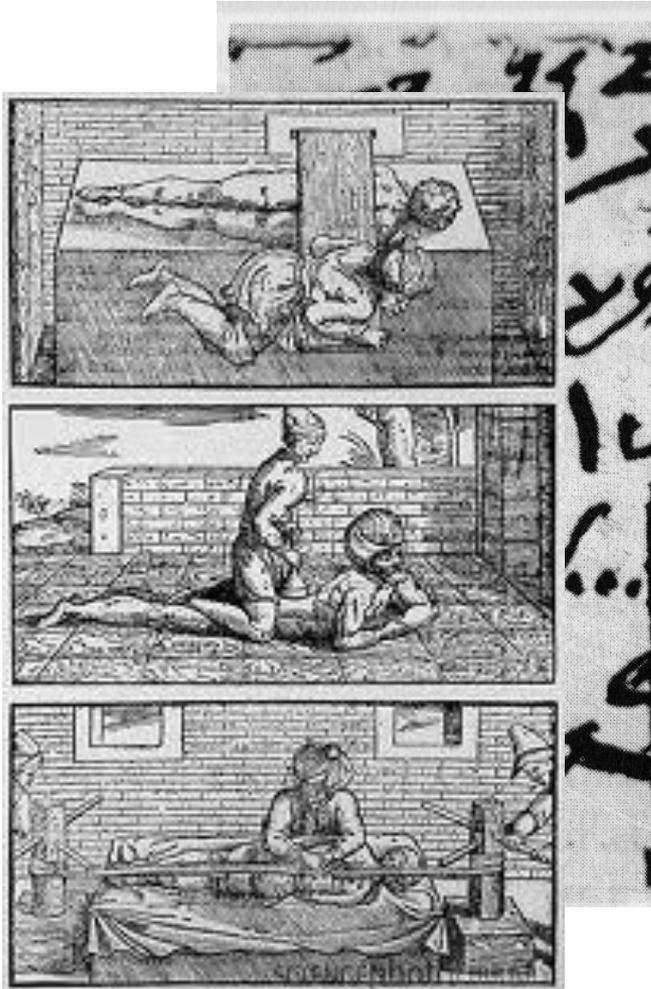
Or in a graphical format we can set the following standard.



# Clarification - it's not whose first

- Manipulation dates to at least 2700 BC in china
- Massage and tissue mobilization by Homer in 1000 BC
- Manipulative spinal interventions with Hippocrates in approximately 420BC
- Avicenna in Persian culture with prone thoracic interventions around 1000AD
- Therapeutic massage weaves into almost all cultures back to the Assyrians, multiple tribal cultures etc.
- I seek to uncover when formalized modern PT commenced, though perhaps under a different name to start

No one owns  
manipulation

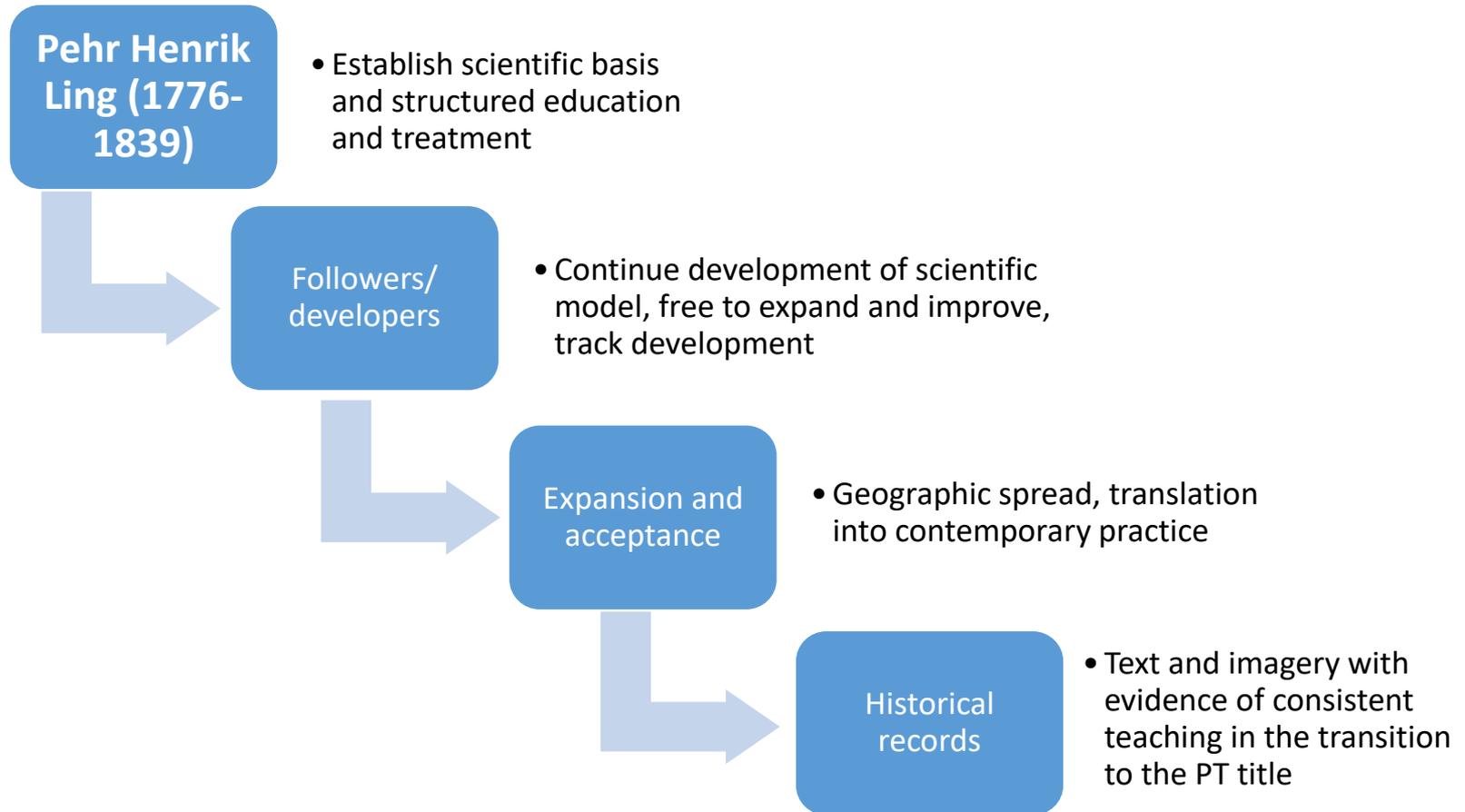


# Bonesetters in 19<sup>th</sup> C Europe

- Spinal manipulations were much used by bonesetters.
- The maneuvers were basic and rather violent.
- Clinical exam often simplistic. The diagnosis of slipped vertebra was customary.
- Patriarchal path often



# Step One.



# P.H. Ling (1776-1839)



- Founded RCIG – Royal Central Institute of Gymnastics in Sweden in 1813
- Developed scientifically based educational approach to the application of active treatment and passive interventions
- Powerful forebears that he likely drew from: include Tissot 1780 (translated to Swedish in 1797), - (translation)

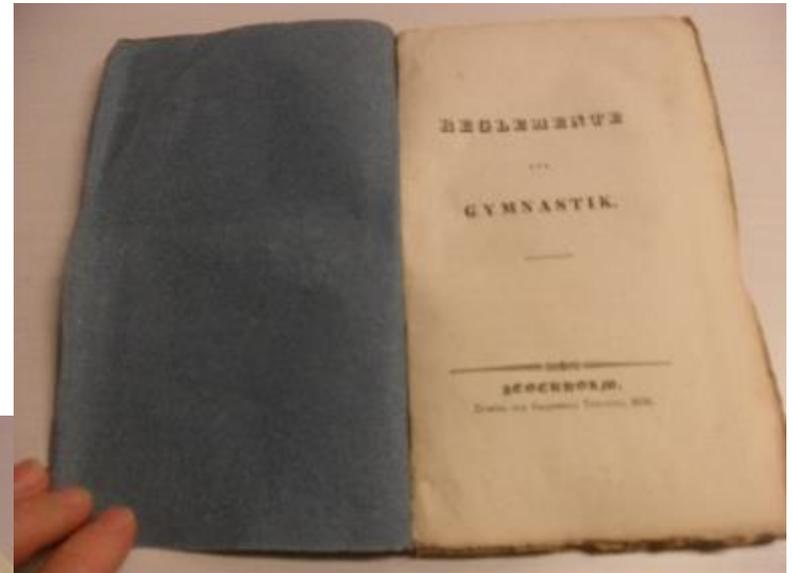
• *“Surgical and medical gymnastics, to test the usefulness' of movement or different exercises of the body, and rest in the treatment of diseases”*



# Ling advocates

- Blundell 1852 - Ling brought mechanical medicine back to a firm scientific basis in “Medicina Mechanica or the Theory and Practice of Active and Passive Exercises and manipulations (London)”.
- Contemporary detractors offered that he drew all he knew from the movements and techniques of the Chinese manual practitioners “Cong-Fou des Tao-se”. A T Still was also challenged with learning all he knew from a traveling Swede circa 1874...
- Strong support from Swedish government. The pride of the country had been severely affected by the loss of its eastern domain (Finland) in 1809 to Russia with the perception that the whole nation was weak.
- Many before promoted gymnastics to promote ‘manliness’ and health including Spanish, Swiss and German promoters, pre-eminence to Guts-Muth’s work “Gymnastics for the young” – 1793

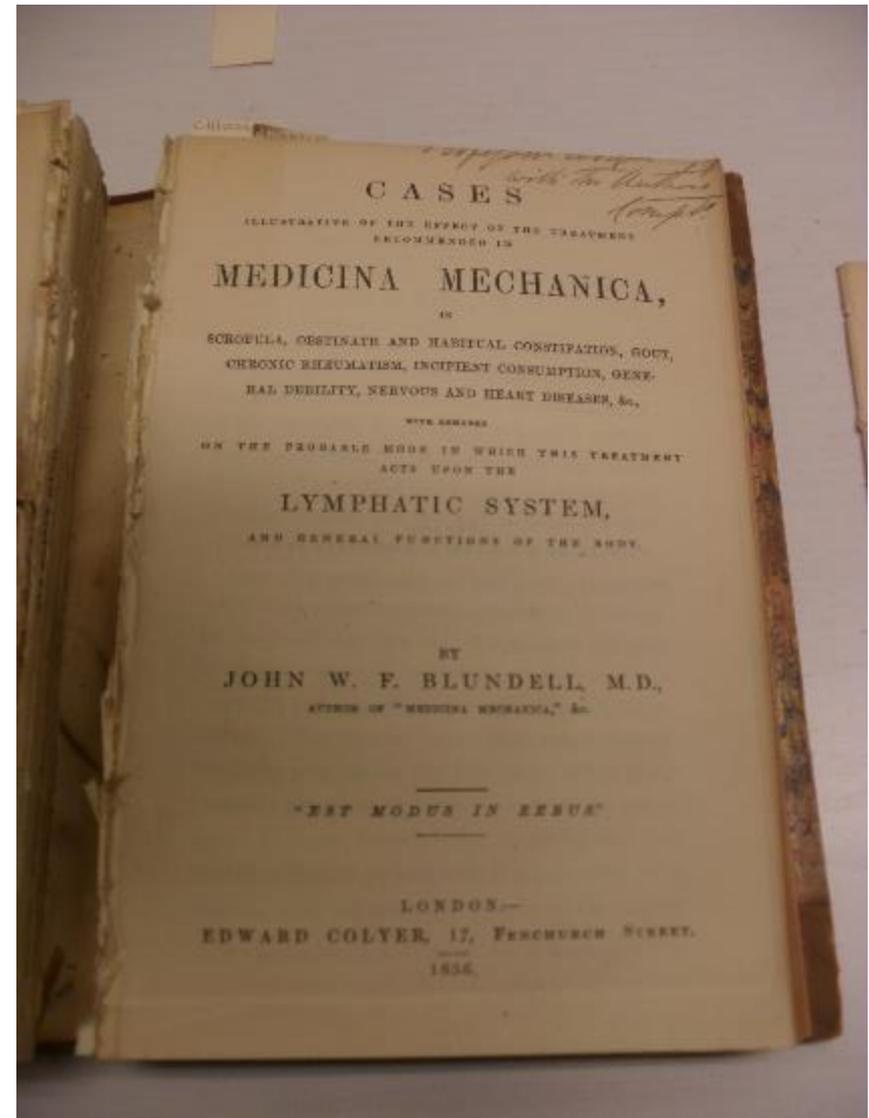
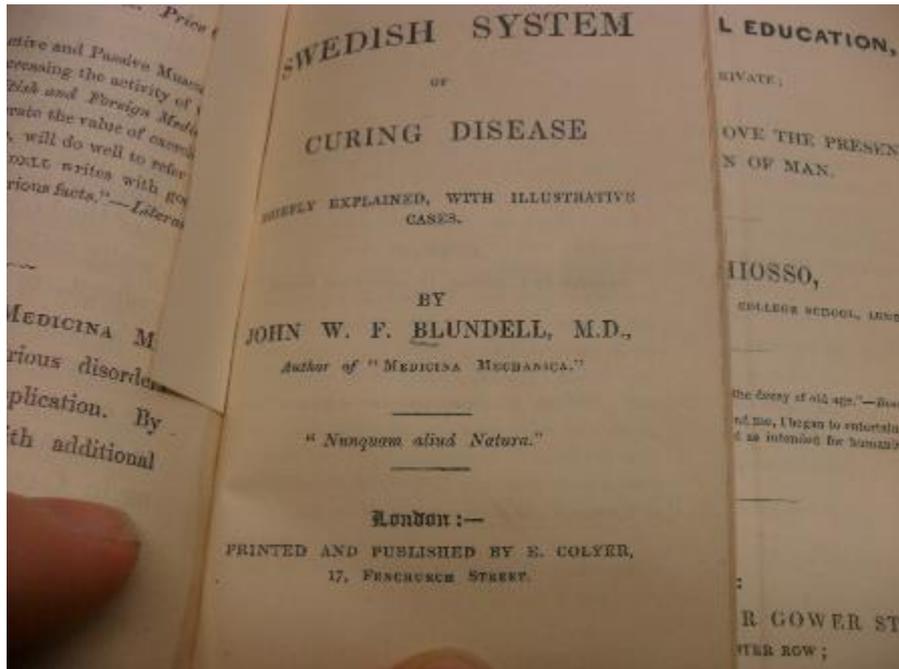
# Source Documents



Ling wrote a lot, little on his methods, a lot of poetry...

# Blundell 1856

- MD strongly supportive of Ling's treatment

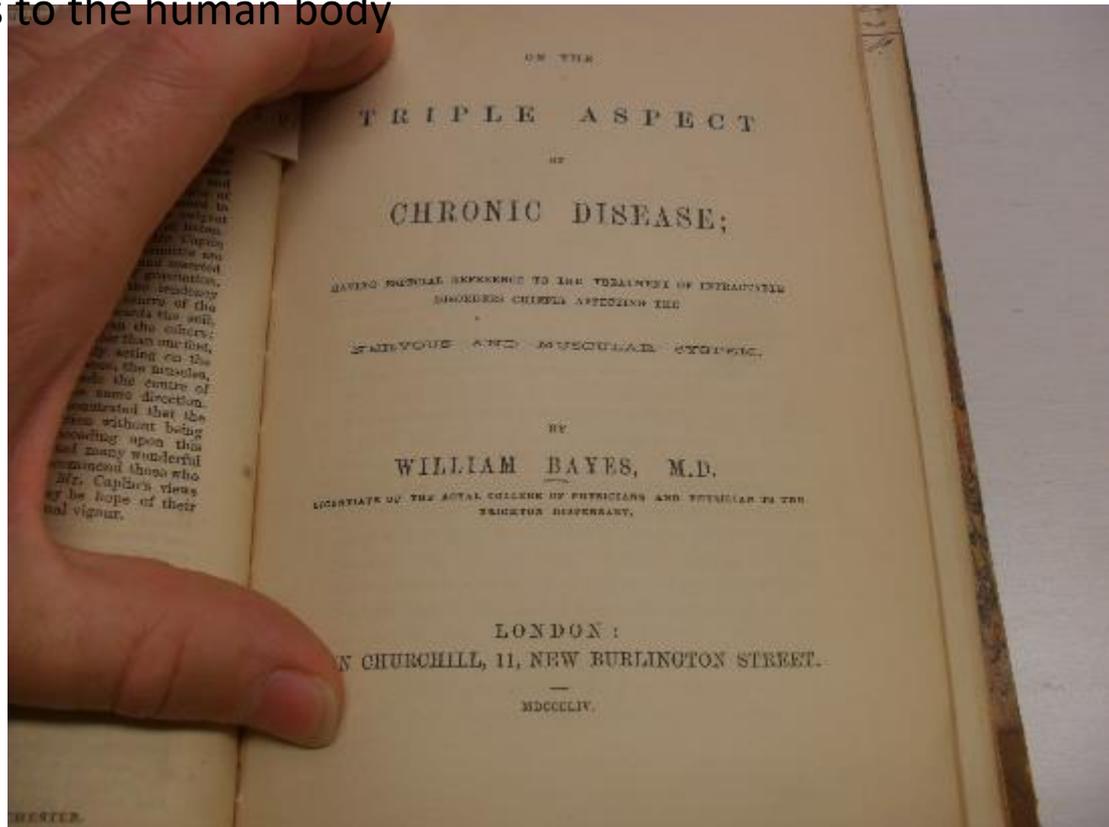


explaining his condition ; forgetting such a word as "head," and seeming utterly passive to what was either addressed to or done to him.

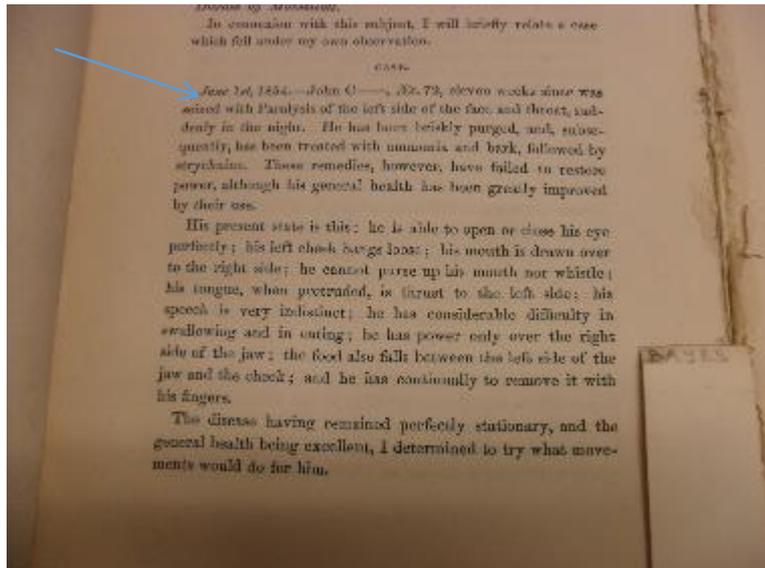
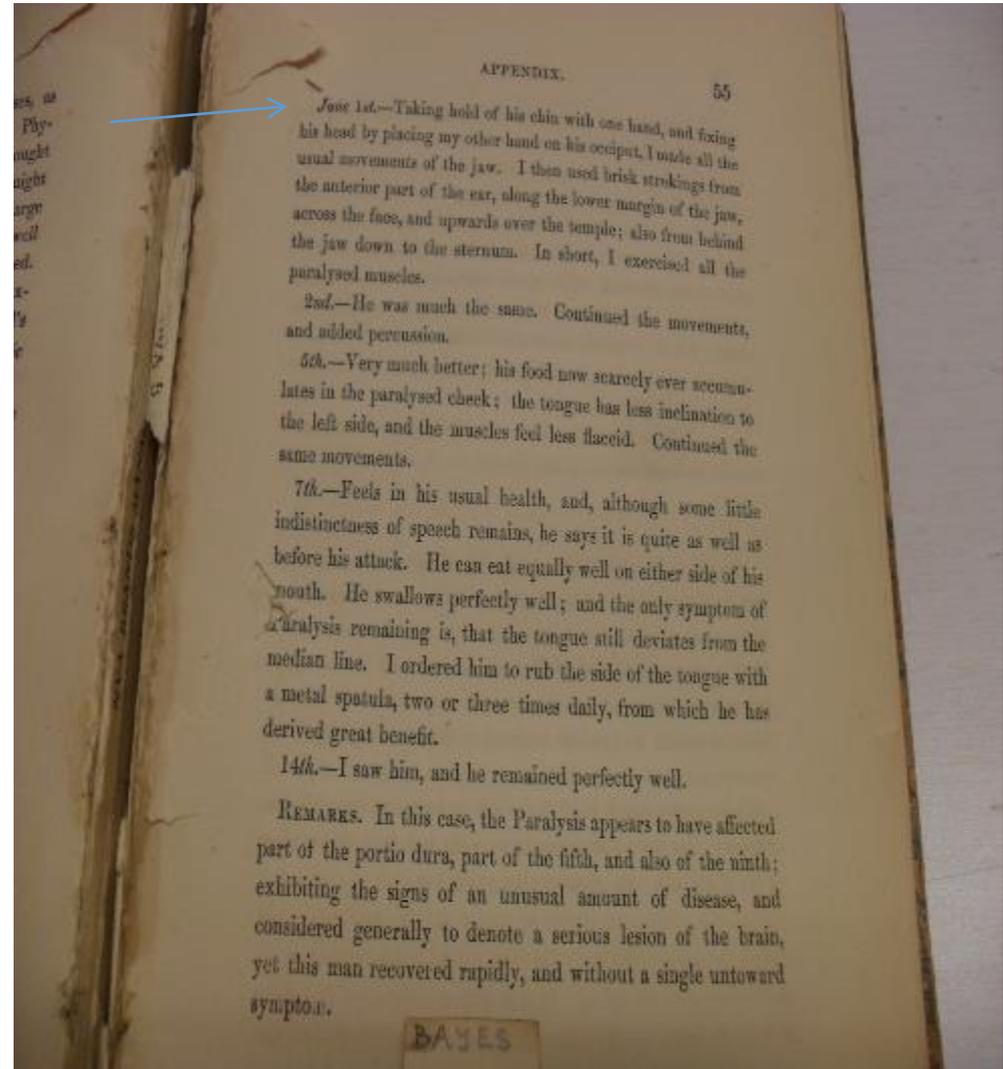
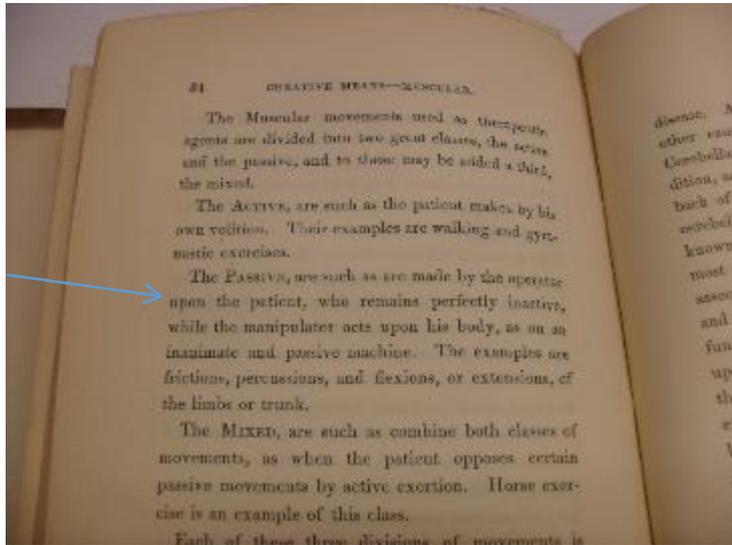
→ The manipulations to the scalp and vessels of the head and neck gave him almost instantaneous relief, and he was then sent home, with orders that he should remain quiet, take some cooling laxative medicine, and apply iced-water to the head and temples, with instructions about position of the body and diet. He slept well that night, and in the morning was very much better, having had no return of the symptoms of the previous day. The treatment was then daily administered for a few weeks, with but slight return of one or two of the

# Doherty 1851 & Bayes 1854

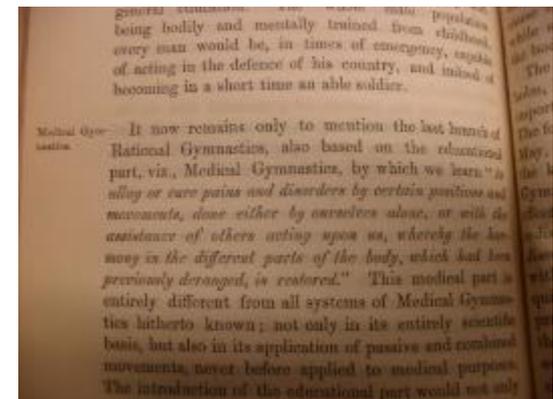
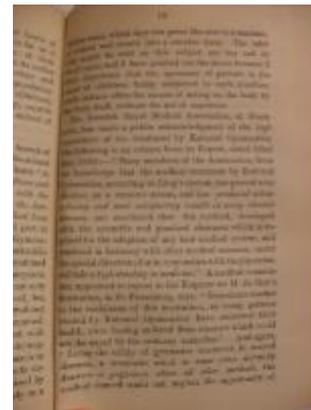
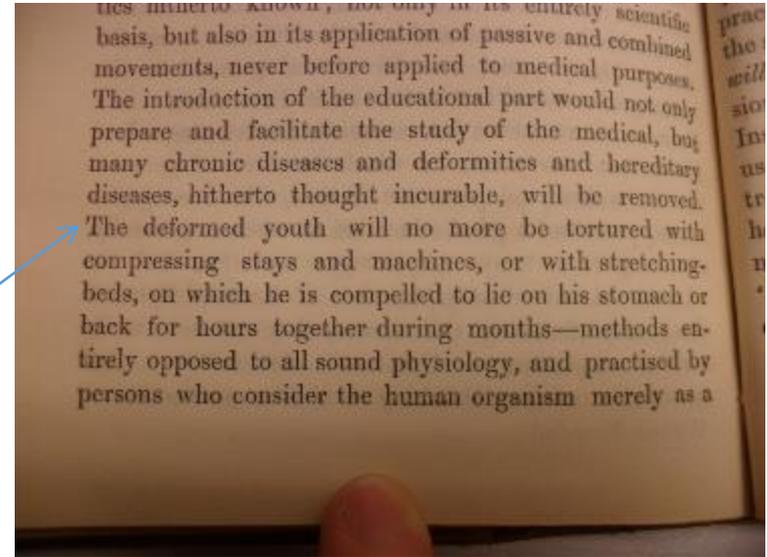
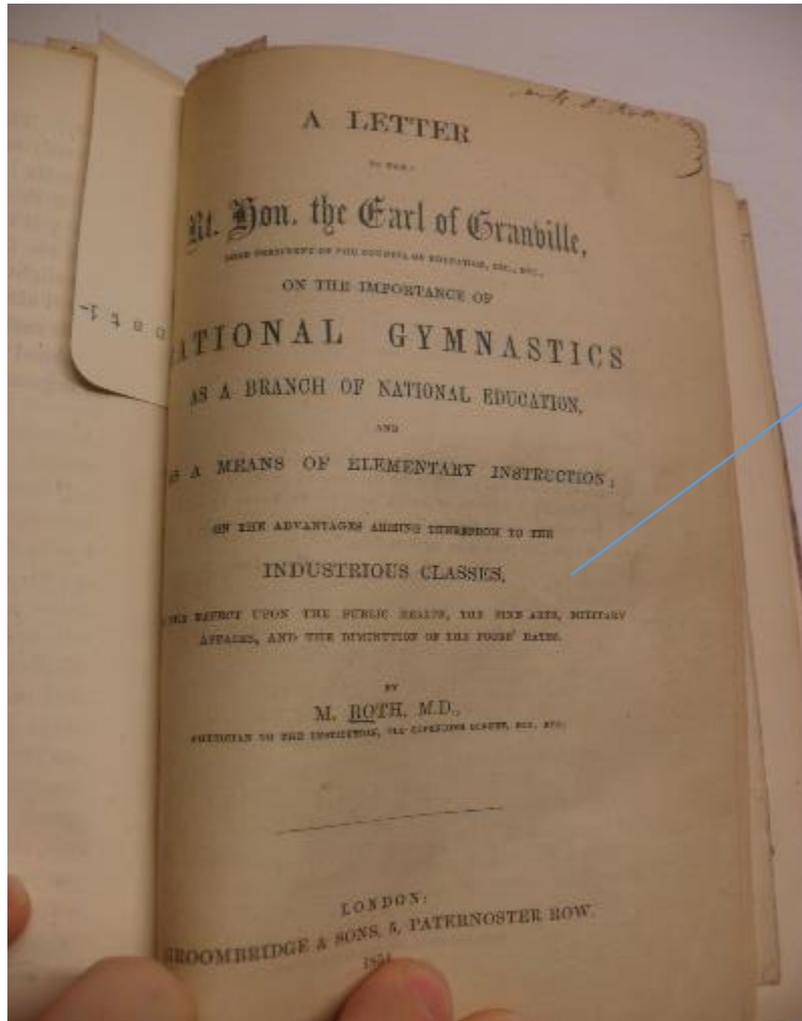
Doherty (1851) – Kinesiopathy...the application of specific movements and manipulations to the human body



# Bayes 1854 – passive mobilizations & case discussions



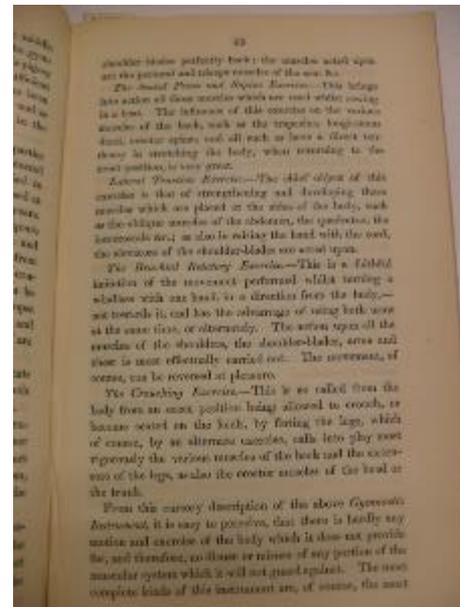
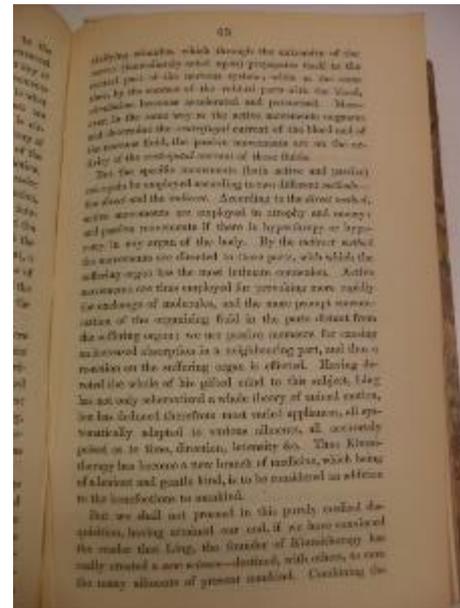
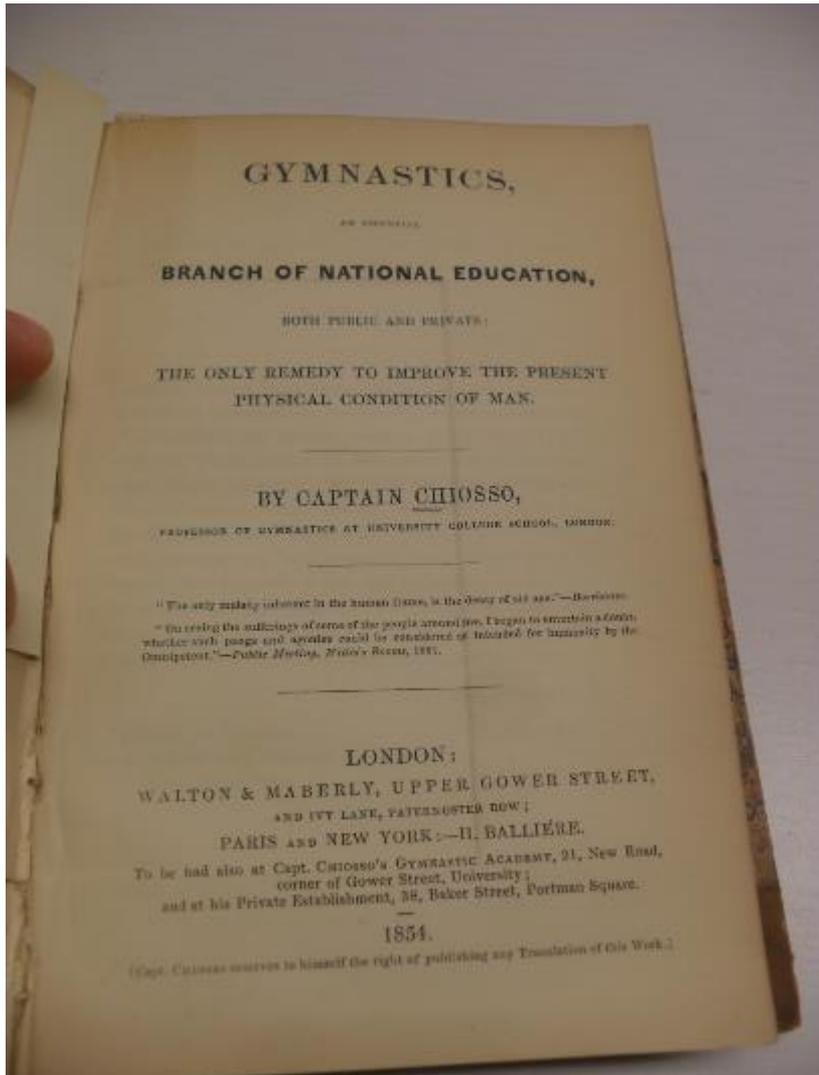
# Roth 1854 – avoid the torture of immobilization (UK)



# Ling & the RCIG – PT born?

- Why could Ling's RCIG as founded in 1813 be credited with founding Physical Therapy and not just another branch of gymnastics?
- It contained and emphasized PT (medical gymnastics) and was considered scientific, it had prestige and aristocratic support
- Established it with the highest level of government support and set out to educate and provide treatment and care to the Swedish nobility
- It was a very large success

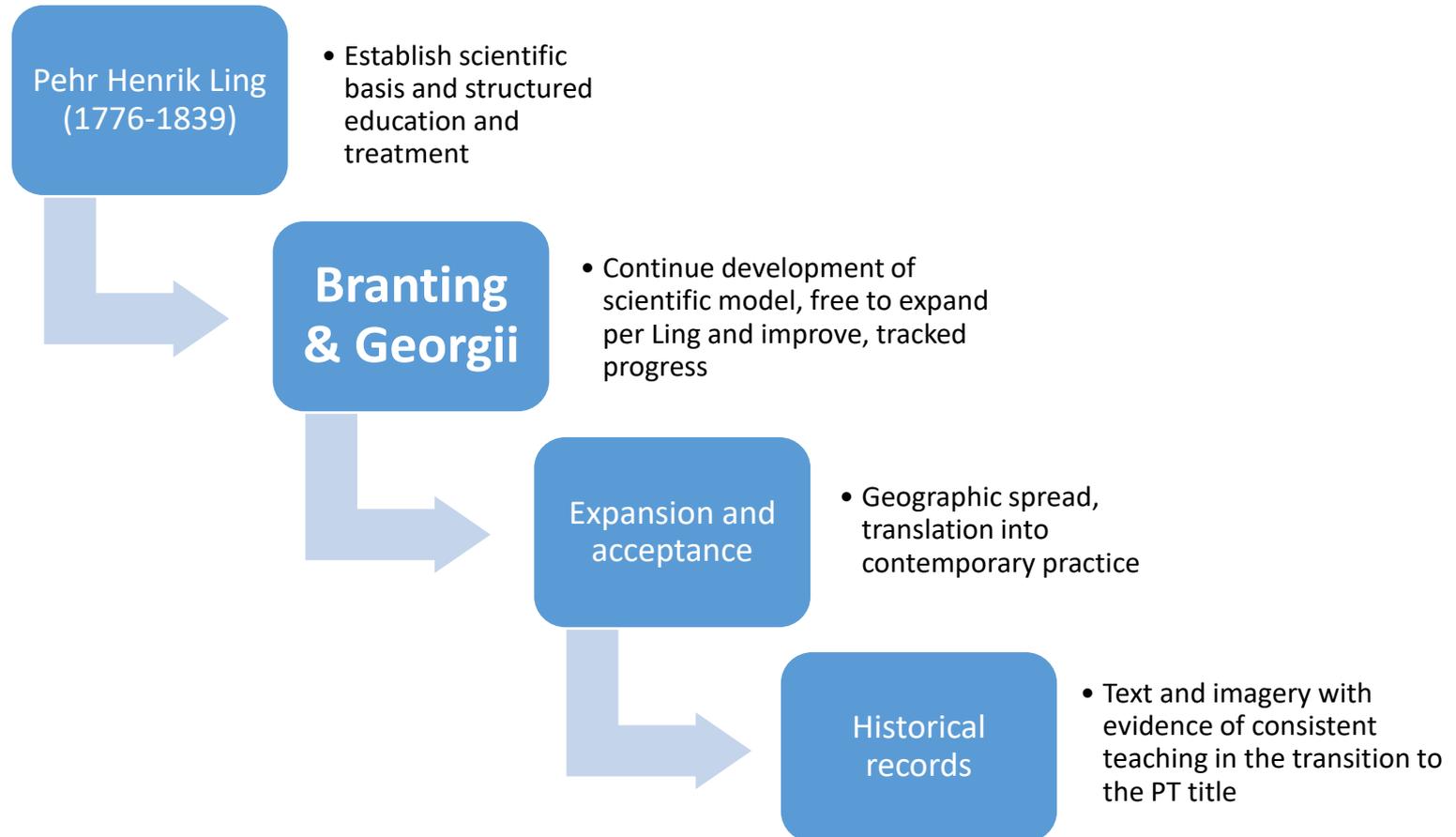
# Chiosso 1854



# The Three part educational model of the RCIG – 1834 and onwards into early 20<sup>th</sup> C

- Pedagogical Gymnastics [Physical Education], with which a human being learns how to make the body conform to his own, will.
- Military Gymnastics [mostly fencing], with which man tries to subject another external will to the power of his own will with the aid of exterior tools, that is weapons, or using his own physical power.
- **Medical Gymnastics [Physical Therapy], with which a man, either with himself in correct position, or with assistance and movements of others, tries to alleviate or cure sufferings that have arisen in his body due to abnormal conditions.**
- Aesthetic Gymnastics, with which a man seeks to, illustrate his inner being through the body: thoughts and feelings. (never became a subject on its own at the RCIG)

# Step Two.



# Lars Gabriel Branting – RCIIG Director 1839-62

- Successor to P H Ling, expanded the teaching specifically - included traction with manual interventions
- Tracked outcomes, one example 1848-49 (Georgii)
- Went head to head with orthopedists at the time, likely sowed seeds of disquiet for the 1910-1934 systematic destruction of PT status

# Georgii - outcomes

Atrophy of the heart Cold in the head (chronic and habitual) .....	17	9	2	5	Symptoms belonging principally to the disease of the heart, the brain, the lungs, &c. Principally belonging to diseases of the heart and lungs (including neural symptoms. Cases 9 and 12 belong to Case 11 belongs to these
Cold feet .....	92	38	34	25	
Cold hands .....	9	0	0	..	
Congestion of the head .....	55	21	22	18	
Congestion of the lungs .....	7	4	0	..	
Congestion of ovary .....	2	1	..	1	
Constipation of bowels .....	51	19	22	10	
Disease of the valves of the heart .....	5	2	2	1	
Distortion of elbow joint .....	4	..	..	..	
Distortion and curvature of the spine .....	24	9	9	10	
Dyspnoea and hæmoptoe .....	20	7	3	9	
Dyspnoea and deformed chest .....	30	9	11	..	
Epilepsy .....	3	..	2	1	
Expectoration of pus .....	23	8	10	4	Belonging to the cases of pulmonary consumption and asthma Cases 6&7 belong to these
Giddiness .....	56	12	16	8	
Green sickness .....	12	6	5	1	
Hæmorrhoids .....	39	12	14	10	
Hypertrophy of the heart .....	8	2	4	2	
Inflammation of eyelids .....	3	..	2	1	
Menstruation profuse .....	5	2	2	1	

One year 1848/9

50

*Tabular view of the Patients treated at the Central Gymnastic Institution of Stockholm, from July 1st, 1848, to July 1st, 1849.*

DISEASE.	Admitted.	Cured.	Relieved.	Unsuccessful (Fatal and otherwise)	OBSERVATIONS.
Asthma .....	36	10	0	7	Case 10 belongs to these
Emphysema pulmonum .....	8	3	2	5	
Atrophy of the heart (chronic and habitual) .....	9	3	5	1	
Cold in the head (chronic and habitual) .....	17	9	8	5	Symptoms belonging principally to the dis-
Cold feet .....	92	35	36	21	

Giddiness .....	56	12	16	8	Cases 6&7 belong to these
Green sickness .....	12	6	5	1	
Hæmorrhoids .....	39	12	14	10	Case 8 belongs to these 1 rheumatism of the heart { Cases 5 and 13 are among these Symptoms belonging to the cases of pulmonary consumption All females but one
Hypertrophy of the heart .....	8	2	4	2	
Inflammation of eyelids .....	3	..	2	1	
Menstruation profuse .....	5	2	2	1	
" diminished .....	9	2	3	4	
" suppressed .....	10	6	2	2	
Nervous debility .....	4	2	1	1	
Palpitation of the heart .....	50	20	18	12	
Palsy .....	5	1	..	4	
Pulmonary consumption (1st and 2nd stages) .....	21	7	9	5	
Rheumatism .....	22	8	10	4	
Serofula .....	10	3	5	7	
Spinal irritation .....	15	5	3	7	
Spermatorrhœa .....	12	7	3	2	
Spitting of blood .....	15	8	4	3	
Stooping position (from weakness of the muscles of the back) .....	16	6	5	5	
St. Vitus' dance .....	3	1	2	..	
Sleeplessness .....	13	6	1	6	
Sore throat .....	2	1	1	..	
Weakness of joints .....	7	2	5	..	
Total .....	693	266	261	166	

Total - Cured - Improved - No Gain

76% success

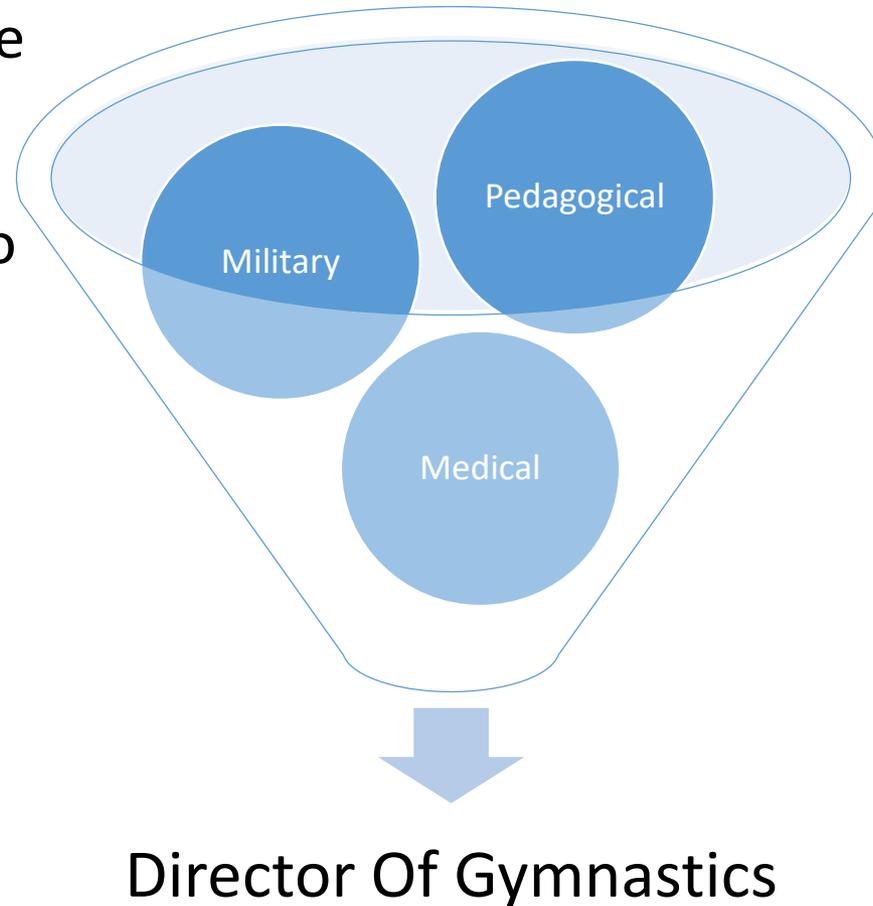
Tabular view of the progress of the treatment of the patients of the Central Gymnastic Institution of Stockholm, from July 1st, 1848, to July 1st, 1849.

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Cold feet .....	92	35	36	21	



# The final product, circa 1887

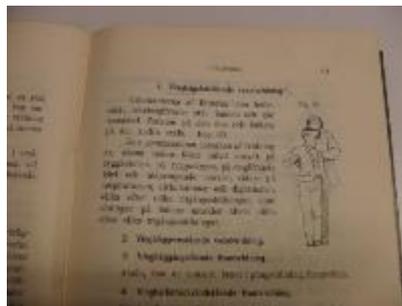
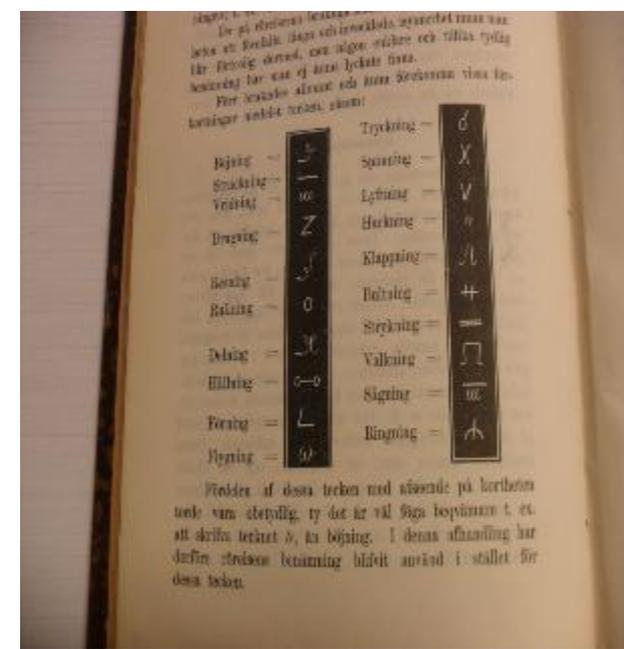
- By 1887, competence in the three branches led to graduation as a Director of Gymnastics and the right to be licensed as a PT in Sweden formally
- Including anatomy and physiology education



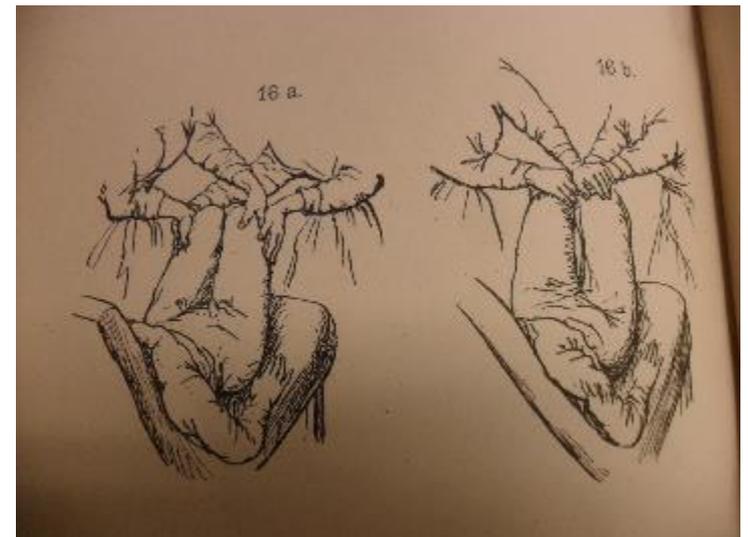
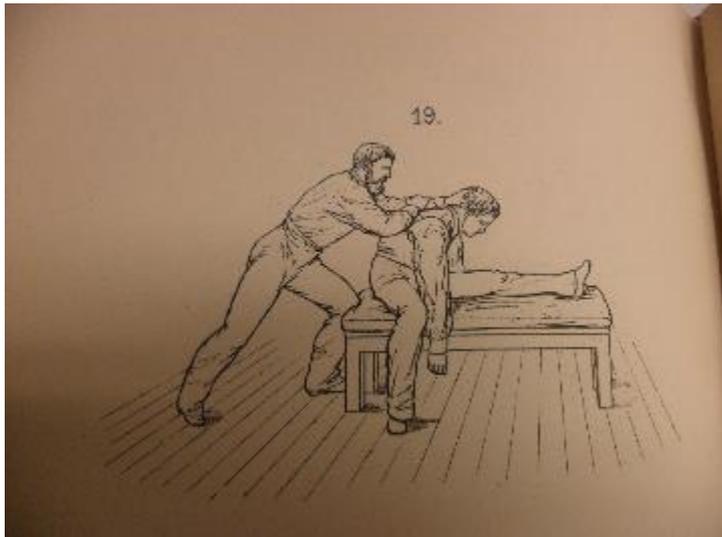
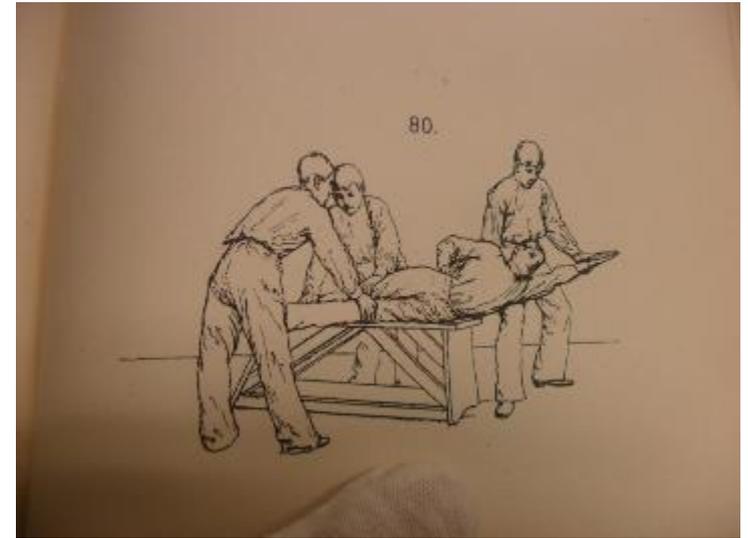
# What was taught at the RCIG?

- Within the passive movements/manipulations taught and provide for treatment at the RCIG were:
- ...Hacking, pressure, pinching, stretching, percussion, traction, bonding, branding, circling, torsion or rotation, distortion, heaving, lifting, rising, tension/stress, straining, depression, pressing, washing, turning, slanting, boarding, twisting/snaking, cutting, filling, sawing, puncture, clapping and rubbing – some of the motions represented in 1882 by Branting's posthumous work
- *Translated from Swedish notes from the mid-1800's (Ottosson original Gymnastik Som Medicin, Atlantis 2013)*

# Techniques 1854 Eulenburg – German translation – German RCIG school & standardized documentation



# Further techniques 1840's - 1882 Delar

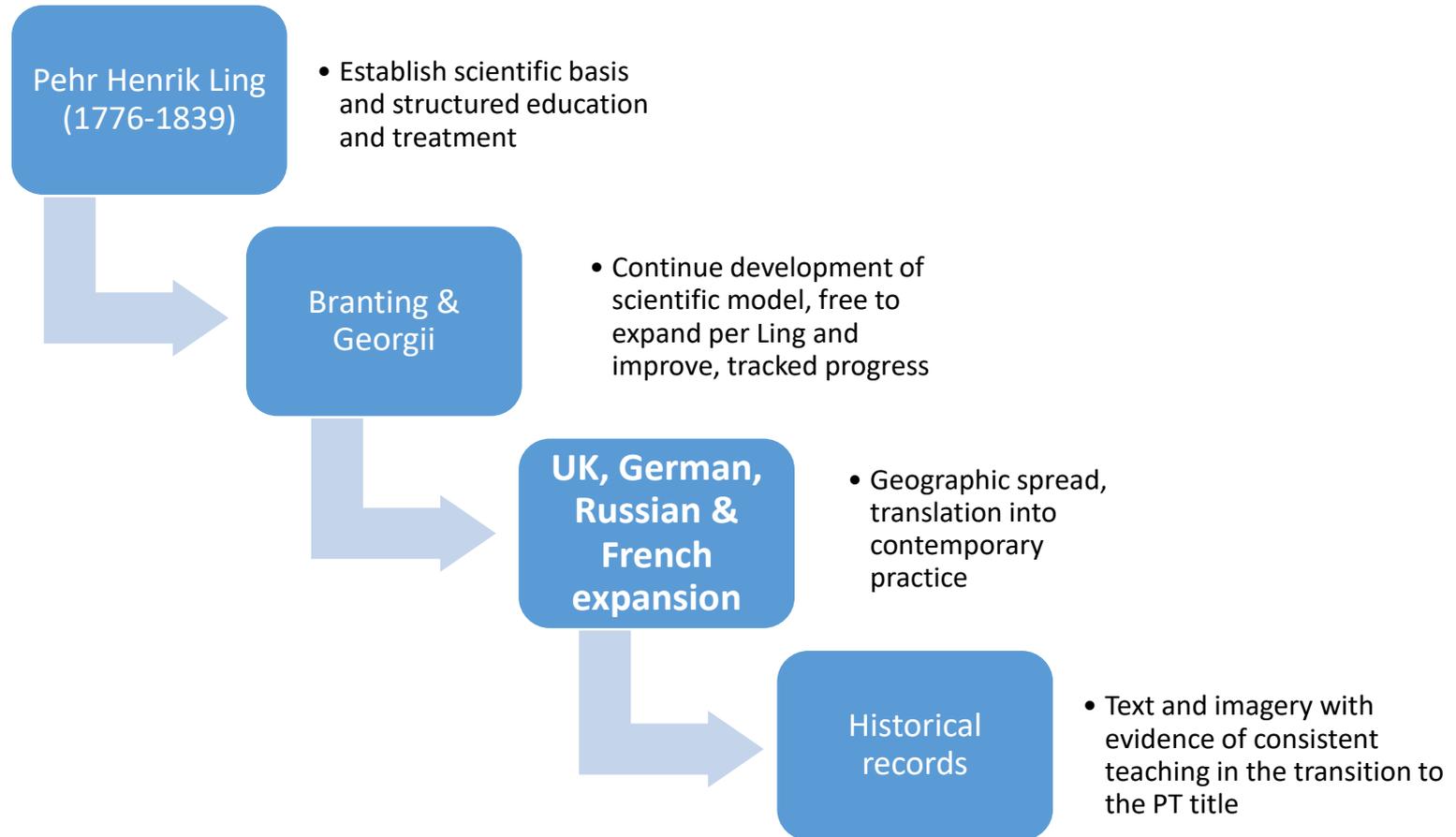




## A patient note from 1839-40

- Translation of a patient treatment note from circa 1839 from Branting: successor of Ling at the RCIG.
- 43 years old. Region of chest pit a feeling of imprinting, in consequence of an inflammatory problem to tooth same side. Neck muscles sometimes beset by rheumatism... Right deltoid and overarm parts affected by a chronic inflammation after a violent impact. Anterior inner edge of the deltoid noted by an induration texture in tissues/cellular structure. The arm cannot raise over 35 degree angle.
- Seated and tensioned interventions with initial higher tensions in wrists and fingers for circling techniques. Seated sawing and rescission. Stretching in many planes. (translation as able).

# Step Three.



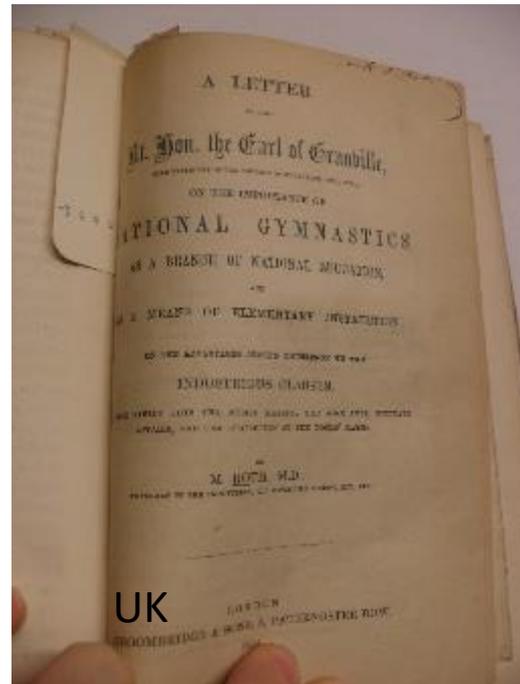
# The Swedish Influence

- By 1864 the influence of RCIG was such that a MD could not open a PT-clinic without an exam from the RCIG.
- Prominent PT's employed physician's as part of their staff, one of these was Jonas Henrik Kellgren, James Cyriax's grandfather.
- Relationships through 1855 were very good between PT's and Physician's, prominent physicians to the royalty of Sweden were prescribed to PT care under Branting
- There was a much less favorable relationship between Branting and orthopedics with orthopedics electing to use of Lings medical gymnastics as a way to stay 'main stream'.
- PT's at this time appear to have through negative writings generated ill will in the orthopedic community, which they would later rue.

# Geographic Spread – and the techniques did not change



French



UK



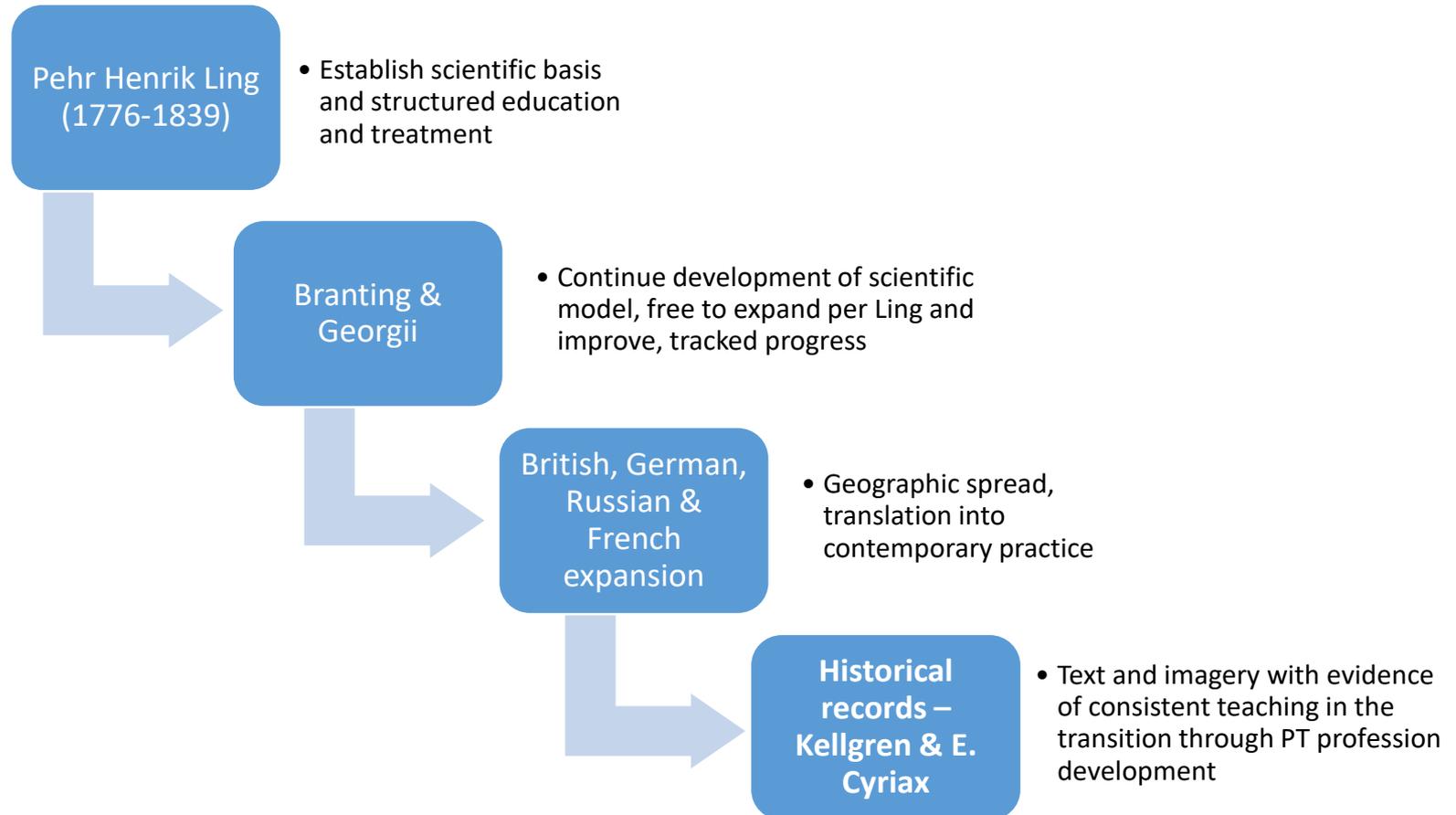
German

Visiting physician's from Russia also reported favorably in 1840's to nobility

# Evangelism of the PT's

- By the 1840's, a push was in place for those educated at the RCIG to evangelize/spread the doctrine of medical gymnastics/physical therapy to other countries.
- Trademark of RCIG alumni to open clinics in other countries and it was very profitable.
- Europe, Russia, English and French colonies and North America were 'colonized'.
- What was different at this point is that it was not a single individual who represented the expansion of this knowledge (Ling) but the whole Swedish government and the nobility.

# Step Four.



# Images – RCIG 1880



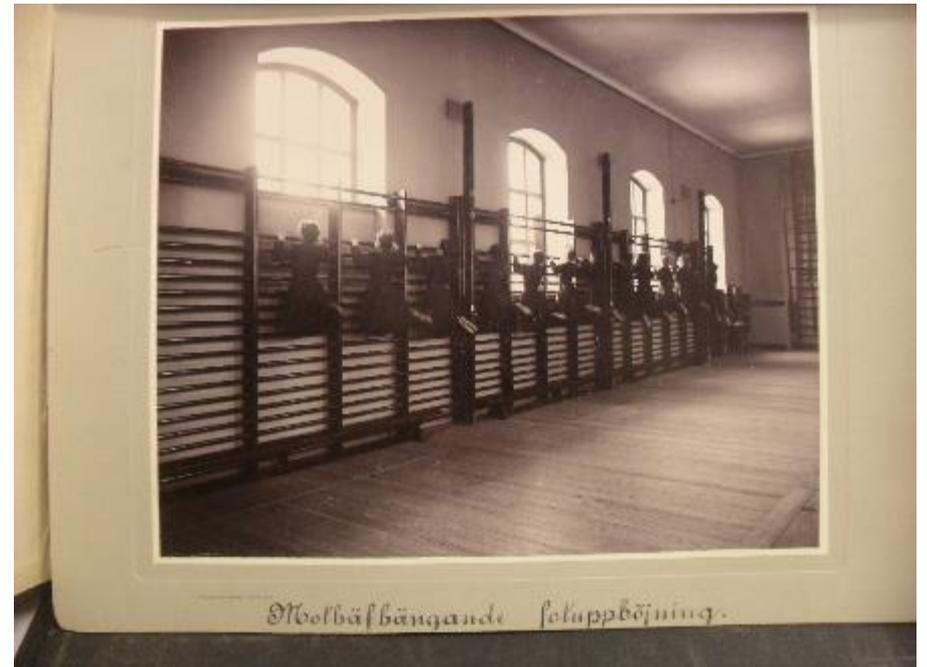
# Images – RCIG 1890's



# Images – RCIG 1870's-1890's



# Images – RCIG 1870's-1890's



# Jonas Kellgren

- Graduate of the RCIIG in 1865, extremely successful as a practitioner of Ling's system of medical gymnastics/PT :
- *My temper is under heavy strain this morning, for I find that the Kellgren system (under the new name of "Osteopathy") is being practiced all over America! If I had only found this out in September, instead of yesterday, we should all have been located in New York the 1st of October [...in Germany]*
- *I happened to write my nephew...and now I find that his mother has been taking it several months in Buffalo. She sends me circulars and pamphlets which show that Osteopathy is exactly the Kellgren treatment.*

*(Samuel Clemens November 1899). Ottosson 2011.*

# Kellgren...

- How does this opinion become formed unless the training and influences of Kellgren are similar to those of A T Still 1974 Osteopathy founder?
- Kellgren is represented as using some rather specific manipulative treatments of the cervical spine, and his success is noted by others including his brother:
- *“There was a patient, whose luxated neck vertebrae had fixated the head in an abnormal position for a long time. The patient then turned to Kellgren who soon started to manipulate the vertebrae and got the head back to its normal position.”*
- *As reported to Swedish physician Wretling in writings 1873 of his time in Gotha Germany at Kellgren’s clinic. (Ottosson 2011.)*

# Cyriax, Edgar (James father)

- Studied at RCIG in 1898-99 post MD, MD thesis on the Kellgren system of manual therapy in Scotland
- Credits Ling as forefather of developing mechano-therapeutics in multiple articles, then further developed by Branting then Kellgren with his representation of the system of interventions very similar in drawings to prior work of Ling, Branting, Georgii, Chapman etc.
- Notes neural interventions from Kellgren inspired by Ling who though seldom used them

## PREFACE.

MECHANO-THERAPEUTICS is, in my opinion, a much neglected branch of medicine. Hardly any medical society or congress has a special section for it; there are no medical journals dealing exclusively with it, and the treatment itself is nearly always regarded more in the light of a subsidiary adjunct to other methods, not as one *per se*. I think I am also right in saying that the average medical man, both here and abroad, has but a poor conception of its actual nature and possibilities.

The inevitable result of the foregoing has been that the literature on the subject is scanty, is but little read, is soon forgotten, and is difficult to trace. This is my reason for embodying in one volume most of my communications on this form of treatment that have from time to time appeared in medical journals (a list of those omitted can be found on p. ix), and thus in compact form providing a supplement to my former book, "The Elements of Kellgren's Manual Treatment," published during 1903.

I hereby tender my best thanks to the editors and publishing firms of the various journals in which the articles originally appeared, as well as to my co-workers in the joint communications for so kindly granting me the necessary permission for reproduction of the same.

February, 1924.

EDGAR F. CYRIAX.

Cyriax E –  
select  
papers

method of treat-  
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1912.  
 1924.

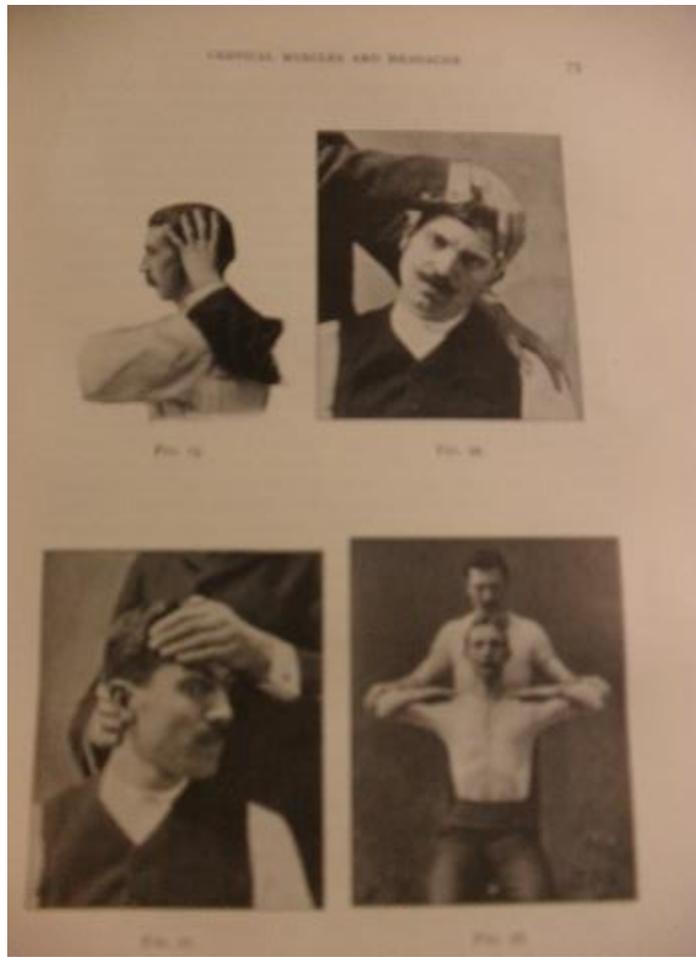
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### THE MECHANOTHERAPEUTICS OF CHRONIC INFANTILE PARALYSIS (POLIOMYELITIS ANTERIOR ACUTA).

(*British Journal of Children's Disease*, 1924, 21, 133-161.)

During the last years a great deal of work has been done with regard to poliomyelitis anterior acuta. Special attention has been directed to its cases and pathology; the treatment has also been carefully studied, although chiefly from the point of view of electro-therapeutics and orthopaedic operation. Mechano-therapeutics have, however, not received the attention which, in my opinion, is due to them. This seems partly due to the fact that instruction in these methods does not enter into the ordinary medical curriculum, neither the theory nor methods *aperand* receiving more than casual mention; in consequence the medical profession is inclined to underestimate their possibilities. The mere fact of the treatment in question being loosely called "massage" — a term almost universally applied to it — is evidence as to what it is generally supposed to be, and the fact that nearly always it is prescribed merely as an adjuvant to electric or other treatments, but hardly ever alone, shows that it is generally regarded as having but little intrinsic therapeutic value.

Modern scientific mechano-therapeutics dates back to the days of P. H. Ling (1776-1835), who founded the Royal Central Gymnastic Institute in Stockholm in 1813. Certain modifications of the original methods were made in the course of time by Ling's successors, notably Branting (1799-1881) and H. Kellgren (born 1837), and to the latter are due not only many improvements of the technique, but also several new manipulations; as an instance of the former may be quoted the systematic application of "traction" in active and passive movements of joints, and as an instance of the latter his direct manual nerve stimulation by means of nerve-friction. In this paper I propose to describe the various manipulations applicable to chronic cases of infantile



OF THE EMPLOYMENT OF "TRACTION" IN CERTAIN TISSUE AND RESISTED MOVEMENTS OF JOINTS.

(Medical Papers of Osler, vol. 4, pp. 117, 118, 119.)

At the present moment when the question of traction is being discussed in the literature of these matters, I feel that it will be well to draw to light the words concerning the use of "traction" in certain papers and medical movements of joints. This is because although the matter greatly concerns their object, it has hardly received the recognition from the workers in the specialty to which it has really belonged.

By "traction" is meant the forcible drawing of parts of the body that are drawn in relation to each other, by means of a cord or any other means, the point of attachment being fixed and the other end being free to produce traction. The traction is applied during the whole time of duration of the resistance which is to be moved. Traction may then be applied to any solid part—by example, it may be administered to a whole extremity or to any one of its phalanges (joints), the way in which depends upon the distance between the ends of the cord.

The application of traction in the manner described was commonly and highly practised by the late Henrik Kellgren (1875-1956). I have had it suggested to me that the method had been employed by others before him, also that many practitioners of Ling's method occasionally use the late hydrostatic traction apparatus which Kellgren adopted in 1896. It is my hope that a careful consideration of the above facts will be only helpful and cause reference to the method [?]. I have not for the present the space to discuss on the subject.

The effects of such traction are in addition those of, of course, joint separation (free motion by the actual movement) —

(1) The muscles are rendered capable of doing more work, because the more a muscle is stretched within its physiological limit, the greater becomes its elasticity and its physiological limit, the greater

becomes its elastic contraction.

I.—Local Treatment.—

(A) Passive stimulatory manipulations on the lower motor neuron and the muscles supplied by it.

(B) Passive stimulatory manipulations at the site of the damage in the spinal cord.

(C) Active stimulation of the upper neuron, i.e., active endeavours to move paralysed muscles.

II.—General Treatment.

I.—LOCAL TREATMENT.

(A) Passive Stimulatory Manipulations on the Lower Neuron and the Muscles supplied by it.

(1) Passive Stimulatory Manipulations on the Affected Muscles.—(a) Petrisage.—I purposely refrain from adopting the term "massage", in the first place this word has no standard meaning attached to it, some authors confining it to stroking and kneading, and others applying it indiscriminately to every form of passive and active manipulation and exercise, and secondly, because most authors assume massage to be administered with the intervention of vaseline or other lubricant, a method which personally I never employ, and which is quite distinct from the dry form of petrisage used to stimulate muscles. The following is the description of the technique: The operator's fingers and thumb

COLLECTED PAPERS ON MECHANO-THERAPEUTICS.

BY EDGAR F. CYRIAX, M.D., F.R.C.S.

With 116 Illustrations.



LONDON JOHN BALE, SOU & BARRINGTON, LTD. 10, ABchurch Lane, W.C.2. GREAT BRITAIN: PRINTED BY HENRY LAYTON AND COMPANY, LTD., 10, ST. MARTIN'S LANE, W.C.2.

COLLECTED PAPERS ON MECHANO-THERAPEUTICS.

THE TREATMENT OF FACIAL PARALYSIS, WITH SPECIAL REGARD TO NERVE FUNCTION.

(International Class. 1911, I.S. 204, 210, 211.)

Facial paralysis may be separated into (a) that in which the nucleus, due to lesions of the spinal nucleus, or (b) that in which the nucleus of the nerve in its peripheral course within the nerve, is through the wall of the skull, is put at rest.

Now, the rational treatment of such cases by means of electrolysis in the motor foras, supplemented by massage of the facial muscles, and in some cases combined with the administration of nerve tonic, (e.g., strychnine, etc.), is the one almost universally adopted by the medical profession. Nevertheless, there exists another form of treatment, i.e., that of "nerve fixation" according to the method of Henrik Kellgren, which in combination with certain other manipulations, is a most valuable therapeutic agent, especially so in those cases in which it is impossible to give any permanent relief. All the cases in which I wish to give my experiences in view of the fact that although the method has been in existence for over half a century, and has been employed by those who practised it continually during the whole of this period, it appears to be almost unknown in the profession at large. On the other hand, however, it must be admitted that it is largely due to the suggestions of the illustrious Dr. Kellgren, taken, the only description of nerve fixation which, with a marked intention that has appeared in print are those by A. Kellgren [1] and the article [2] by P. H. Ling (1875-1896), the founder of the Swedish system of gymnastic called after him, was one of the facts that a single physician

[1] The word "fixation" is not to be understood in the sense in which it is used in the case of a broken bone, but rather in the sense in which it is used in the case of a broken nerve.

SOME POINTS IN CARDIAC MECHANO-THERAPEUTICS—LOCAL TREATMENT OVER THE HEART AND ON SOME OF THE NERVES CONNECTED WITH IT.

(Edinburgh Medical Journal, 1913, N.S. 4, 99-118.)

LOCAL treatment over the heart and such manipulations as pressure on the vagus nerve and posterior spinal nerves have been included in the medical gymnastic treatment of heart disease, as far as Sweden is concerned, ever since the days of P. H. Ling (1775-1896). Certain modifications of the original methods were made in the course of time by Ling's successors, notably by Granting (1799-1881) and H. Kellgren (born 1875), and to the latter are also not only many improvements in the technique of the older manipulations, but several new ones. In this paper I propose to describe these various manipulations, with special reference to those employed by Kellgren, paying particular attention to the technique, which is too often only referred to more or less superficially in the subject of this paper.

ON WEAKNESS OF THE POSTERIOR CERVICAL MUSCLES AS A CAUSE OF HEADACHE.

(Medical Papers and Clinica, 1920, N.S. 10, 461-474.)

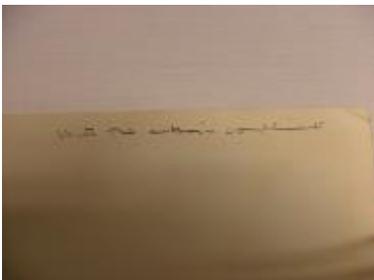
Although weakness of the erector muscles of the neck has for centuries past been recognized as one of the everyday causes of headache, yet weakness of the posterior muscles of the neck is a possible cause of headache has received little or no attention. As, however, it is a frequent cause of the latter, I consider that a few remarks on the subject will not be out of place.

CAUSES.

The causes of weak posterior cervical muscles are various. The predisposing ones are the absence of proper scientific drill during early life whereby the development of these muscles is neglected, and later on the lack of opportunity for increasing their strength because in so seldom becomes necessary to use them against resistance. The actual exciting causes may be —

(1) Any local debilitating condition such as anæmia, convalescence

... ..



# Edgar Cyriax Snr. RCIG graduate.

- *“...mechano therapeutics, massage, or allied forms of treatment... should be taught at the universities and medical schools as part of the regular curriculum instead of being practically neglected as it is now.”  
Ottosson 2011 from Cyriax & Cyriax 1910.*
- A position supported by John Mennell around 1910.

# Cyriax Jnr – Father of OM, grandson of OMPT

- Primacy of PT practice with mechano-therapy and manipulation was stripped just prior to Cyriax rising to prominence at St Thomas hospital
- Elected the MD path, not the MD PT path of his parents, patriarchal professional development was not viewed as professional/scientific at this time in Europe
- He followed Mennell (MD, but potentially influenced by the RCIG) in instructing PT's in manipulation, and it appears presented a Physician history of teaching OMT not PT (Mennell also disavowed his fathers past per verbal reports)
- He may of made the best choice, but we have suffered a loss of institutional historical knowledge in PT due to this

# Cyriax Jr. - Obituary

- Dr. James Henry Cyriax, MD, MRCP
- ... He served St. Thomas' Hospital for 40 years from qualification in 1929 until retirement in 1969 ...He established a department devoted to massage and manipulation at St. Thomas' Hospital in 1938 which became the "department of orthopaedic medicine" and pioneered methods of manipulation...
- ... his mother, Dr. Annjuta Kellgren-Cyriax, was a descendant of the Swedish therapist who, together with Ling, virtually founded the profession of physical education...
- H. E. Robson

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1478256/pdf/brjsmed00051-0038.pdf>

# The strange circular path.....



Ling P, Sweden—  
1776-1839. 1813  
RCIG. Father of  
Mechano Therapy,  
**PT's teach MD's  
manipulation**

Kellgren J —  
Lieutenant PT  
Germany 1837-  
1916. RCIG alumni.

www.wikipedia.com



St Thomas Hospital  
— 1898 till today,  
Physical Education  
originally (Ling PT),  
post 1929 **MD's  
teaching PT's  
manipulation**

Cyriax Sr, MD PT —  
1847-1955 & RCIG  
alumni. Wife also a  
PT.

Cyriax Jr MD —  
1904-1985, father  
of Orthopedic  
Medicine *circa*  
1929

# John Mennell

- Physician and instructor at St Thomas school in London
- *“...I investigated, as far as time allowed me, the work of the osteopaths and the chiropractors. Correlated to the practice of these practitioners, it is impossible to overlook the high value placed upon Swedish manipulations of the back...”*
- *Mennell, J, his observations from 1919 in Chicago, written 1945.*



# Consideration

- If we are to now view a historical timeline which places the PT (mechano-therapist) as firmly established by the mid 1850-70's, utilizing manipulations, addressing nerve impairments, with clinics all over Europe, how do we view the historical founding of other professions?
- Time will tell.

So why do we in PT not know this?

Influence = Power

# The Physical Therapist Problem - 1910

- At this time the “Physical Therapist Problem” was born, and the Swedish government providing Professorships to PT’s considered inappropriate (by some)
- Concerns over the Directors of Gymnastics who were provided the same education in the realm of mechano therapy as physicians at the RCIG but who were not physicians (MD’s most concerned).
- Dr. Emil Kleen in 1910 spoke strongly on this:
- *“The battle has been carried on for a very long time between the Physicians and these heavily favored, pseudo-educated quacks... However, this battle is a peace in comparison to the war that will arise, as soon as this body of Swedish Physicians obtains education and knowledge in Mechano Therapy...The coming war can only end in one possible way, which is by the elimination of the Directors of Gymnastics.”*
- *Ottosson 2011.*

# Haglund 1913-1934 influences

- Starting as the orthopedic chair in 1913, Haglund set out to strip the Directors of Gymnastics from their prestige and titles. His language was at times very harsh:
- *“ After all it is a fact that male Physical Therapists about to marry and settle will not restrict themselves to doing the simple work of an assistant. Our male Physical Therapists working in Stockholm perform as professors of medicine... they gladly auscultate and percutate and treat internal diseases. So I believe it would be better if the Government stopped delivering more of these notorious characters, of whom there are great numbers, most of them with an exam from the RCIG.”*
- (Haglund 1930)

- *“prefer sending patients to licensed Physical Therapists...would rather pass them on to unlicensed because they know that the criticism the former direct towards Physicians is much harsher...with the ones from the RCIG”*
- *(Haglund 1932)*
- *“unite like the Swedish Physicians have finally done, and try to prevent a development towards the Swedish situation...If any Physicians or others have surrendered to the constant prattle about their own excellence of the Swedish Directors of Gymnastics working abroad, then say to them that their {.} wonderfulness is completely unknown beyond their own conceit and repugnant advertisement”*
- *(Murk Hansen 1931, colleague of Haglund)*

# Power and change

- Power is influence and prestige
- “...the transformation of the Physical Therapy Profession from a masculine history-embedded field of interest into a feminine occupation lacking historical awareness altogether.” (Ottosson 2011)
- My interpretation – the PT profession transferred to highly female at the same time as the male architects of this change (ortho primary) worked to eradicate the PT historical primacy with manipulation/mechanotherapy in Sweden
- Note - previously “it was officially stated that Physician’s were not allowed to open a PT-clinic without an exam from the RCIG” (circa 1864) Ottosson 2011
- The Swedish government had declared that Physical Therapy was a scientific profession.

# USA historical reminder

- Mary McMillan, the first president of the AWPTA (to become the APTA) used the term Manipulation throughout her book

*“Massage and Therapeutic Exercise”* Philadelphia and London, W. B. Saunders Company, 2nd edition, 1925.

- She credited the Ling Gymnastic approach as central in her model of physiotherapy
- “The four branches of physiotherapy: namely – manipulation to the muscle and joint, therapeutic exercises,...electrotherapy and hydrotherapy.”
  - McMillan M. Change of name [editorial]. *P. T. Review*. 1925b;5(4):3-4.

I would offer....

- Time for a little Swedish celebration.

