

Foundation for History of Physiotherapy **Physiotherapy in perspective, 50 years past - present.**

Day of the History of Physiotherapy. *A look back with
vision for the future.*



STICHTING GESCHIEDENIS FYSIOTHERAPIE
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Text: Huub Vossen PT, MMT, Dr. Anthony de Wijer.

Friday September 24, 2021

was the annual meeting of the 'Day of
History Physiotherapy' that was held in Urk
in the Trefpunt Medical History Netherlands.

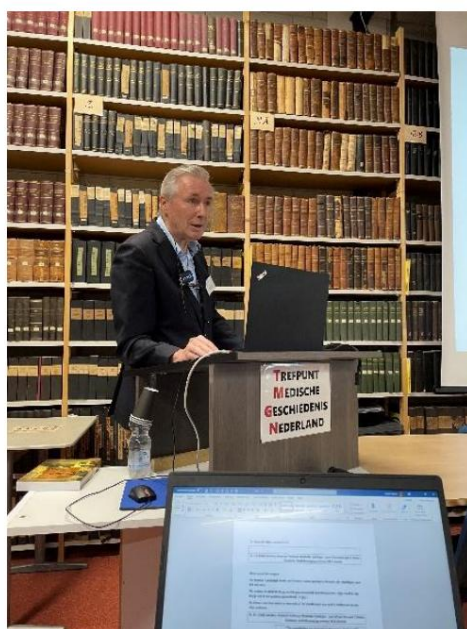


dr. Anton de Wijer,
Chairman SGF

Anton de Wijer opened the congress
and thanked Gerda Bangma for her
board work for the SGF and also all
volunteers for the extensive work performed
for the foundation.

Anton discussed the 'state of art' of the
physiotherapy profession: where are we
now? We now have 24,000 BIG registered
physiotherapists, 13 different professional
associations (BIs) and more than 600
colleagues with a PhD.

An impressive result when we
consider that in the immediate past
physiotherapists in institutions were often
tucked away in the basement and started
small, says Anton.



Anton de Wijer

But health issues have also changed.
Consider, for example, the concept of
positive health by Prof. dr.
Machteld Huber, to which current
physiotherapists respond. Not new when
we consider that, for example, Pehr Hendrik
Ling did it in the 19th century already had
about positive health with a healthy
balance between the body, the mind
and the social context. The whole
concept of holistic thinking with an
emphasis on positivity is thousands of years
old (Hippocrates).



Dr. HJ (Erik) Hulzebos, Assistant Professor of Medical Physiology – (sports) Physiotherapy | Children's Division, Children's Exercise Center
um WKZ Utrecht

“The development of lung physiotherapy in the Netherlands”

What does the future of the hospital look like? physiotherapy look like? What role can physiotherapists play in the Covid pandemic? What can you add to people's well-being with your toolbox? Erik Hulzebos wondered that.

The history of lung physiotherapy goes back a long time, says Erik. In particular the drainage poses and percussions go as far back as the early 19th century. As a physiotherapist, what can you currently add to this arsenal?

As early as 1915 it appeared that knowledge from physiotherapy was very effective for respiratory problems (eg drainage postures). Pulmonary physiotherapy increasingly played an important role and 1919 there was more and more evidence for therapeutic action.



Erik Hulzebos

In 1950, the development of lung physiotherapy accelerated.

This gave us more knowledge about our method. For example: with tapping on the thorax in case of breathing problems you should reach 15 HZ. That frequency is not feasible manually, but it is possible with a

device. For example, vibrating devices are still used (eg toothbrush for babies).

As their knowledge of this increased, physiotherapists began to delve further into their techniques, which ultimately improved the quality of our actions.

Erik further explains that since 1960 the 'gold standard' has been pulmonary physiotherapy. However, there is no preference for a particular technique, known as 'airway clearance techniques' (ACTs).*

Another topic that was raised was the role of the physiotherapist in, for example, heart and lung surgery, which you could compare with running a marathon, says Erik. You have to be as fit as possible to be able to handle such an operation. What can the current physiotherapist add to this? This requires, among other things, knowledge of, for example, the high-risk profiles of patients who have to undergo such an operation. The gist is that history

taught us that we now have a lot more knowledge about how to prepare patients for surgery (called prehabilitation). We will have to focus on that “Better in better out”, says Erik.

* The term airway clearance techniques (ACTs) refers to a variety of different strategies used to eliminate excess secretions. Their purpose is to reduce airway obstruction caused by secretions occupying the airway lumen and thus prevent respiratory infections, re-expand the collapsed parts of the lung, improving gas exchange

and the inflammatory response is reduced.



**Prof dr. AL
(Annelies) Pool,
VU, SOMT**

"from practice-based evidence to context-based evidence, a look at our history"

Evidence based medicine... een term die we horen meer en meer, according to Annelies Pool, who made his advances in physiotherapy 30 years ago. An absolute necessity, says Annelies. David Sacket described the 'levels of evidence' so that there is an increasingly clear picture of 'best evidence' from scientific research in physiotherapy. The need was, and still is. After all, these levels of evidence have been and are being used on a large scale.



How the evidence is valued in scientific studies depends on the type of research.

Systematic reviews (if properly designed and executed) usually have the highest evidential value.

What about that evidence with the current trendy therapies that are emerging such as Dry Needling, Cupping, Taping etc.? "I come across them on the many websites of our masters in physiotherapy," says Annelies.

Education does not stand still either, continued Annelies. All steps in clinical reasoning are now mirrored to scientific literature such as the HOAC II model which is a hypothetically oriented algorithm for clinicians in clinical reasoning. A step forward.

But science is also developing.

In 2017, the Council for Public Health and Society (RVS) came up with the following statement: *a conscientious way of using scientific knowledge to arrive at a treatment plan that suits the patient and the context in which the patient finds himself.*

What does this mean for us? If we go back to the exuberant trendy offer on the websites of our master colleagues in the field then we can ask ourselves a few things. Is the treatment compatible with physiotherapy? Does it suit the patient? What is that context that RVS is talking about? Who determines the context or what is the context here? What's a substantiated deviation from the guideline? So if we can explain well that we ourselves are those who determine the context and/or if you have a good story about Dry Needling, you can.



Annelies Pool

It was also interesting how Annelies talked about the "wake up call". Not only reimburse proven care, do not apply guidelines too strictly, but more

supportive handling in the consultation room and a greater role for professional functioning and professional autonomy of the physical therapist. Indeed a 'wake up call'... because the past teaches us that the time to doze off in physiotherapy is not yet in sight.

Know the past and come with this knowledge well prepared in physiotherapy!
Explain the physiotherapy treatment... what and why you do something with the patient!



mr. P. (Peter) van Schie, Former teacher and training manager

Leiden University

"the origins of the physiotherapy training in Leiden"

Peter van Schie took us along with a well-founded historical explanation about the educational field and in particular the physiotherapy training in Leiden, which celebrated its 40th anniversary in 2002. In a nutshell, the history was presented from the Remedial Gymnastics Course 1961-1965 to the current

training physiotherapy in Leiden.



Peter van Schie

The many legal regulations and long-won recognitions, which programs had to deal with, were also touched upon. We didn't receive the physiotherapy course as a gift and we can do better now the drive and enthusiasm of the pioneers understanding in physiotherapy.



Physiotherapy college in the beginners time. The first class of physiotherapists graduated in 1969.

In 1985 things changed in the education world, says Peter van Schie. The Mammoth Law was overhauled, broader objectives for higher vocational education were formulated, aimed at the profession and personal development. There was also a propaedeutic year and interaction with universities started. Nevertheless, the programs at the time struggled with the fact that little government money was made available for the programs, which did not stop the growth, according to van Schie. In 1984, the offer of

physiotherapists go beyond the question.

The field of education was given little rest. In 1997 the 'Training Requirements and Area of Expertise Decree' came as part of the BIG Act, followed by the 'Nota on Higher Education'. Much was asked of the program managers and the teaching staff. Finally, integral education followed.



Tim van de Laan, founder of the Academy of Physiotherapy in Utrecht

Finally, the lectures were interspersed with **practical intermezzos**.



Dhr. R (Rob) Kartsens,
board member
SGF.

*Lifestyle Medicine in Physiotherapy
FROM "CURE" TO "CARE" AND FROM
INTERVIEW ROOM TO LIVING ROOM*

Rob Karstens gave a nice overview of how different views in gymnastics were already on the rise before 1900. A well-known name from that time was Dr. med. Daniel Gottlieb Moritz Schreber

with its 'Medical Chamber' gymnastics'. But other names from that time were also discussed, such as Johann Christoph Friedrich Guts Muths, who developed gymnastics for youth

(Leibesübungen). Even at that time, there were already extensive views on lifestyle and physical education developed to 'socio-cultural education', but also outdoor practice was often popular at the time.

More streams will be added later with, among other things, the emphasis on breathing and thus the Alexander technique arises and the Feldenkrais method.



Finally, the conference attendees were Rob asked to actively participate in a few exercises by Peter Müller so that we were also able to experience the 'lifestyle principles' of the time during the congress. His exercises were preceded by historical images.



Rob Karstens



**Dhr. R
(Ronald)
Falcon,**
board member
in
collection management
order SGF.

At that time there were many physical medicine establishments where aronvalization was used in addition to the usual galvanization and faradization. In hospitals in Paris and London, this equipment was used and was part of the 'Physical Engineering' of the time.

Practice intermezzo Arsonvalization device Ginneken

Ronald Valk showed an Arsonvalization device, many of which are included in the collection at the SGF.

Ronald would also have liked to give a practical demonstration with the beautiful 'Las Vegas effect' what this device gave. But unfortunately that was not possible because the equipment worked on 120 Volts at the time.



Arsonvalization device



Ronald Valk

Arsonvalization was introduced in 1892 introduced by prof. Jacques-Arsene d'Arsonval.

Sources

Wim Schoemans, MSc, MA. Physiotherapist, philosopher. Secretary SGF, 2021.

Imagery

History of physiotherapy foundation (SGF). Meeting point Medical History Netherlands (TMGN) Foksdiep 8 Urk.

The History of Physiotherapy Foundation (SGF) has an ANBI status and is completely dependent on support. You can support us as a sponsor (€ 25 p/y) or as a patron (€ 100 p/y).

For information about the **History of Physiotherapy Foundation** , we refer you to the [website of the SGF.](#)



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