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FACULTEIT GENEESKUNDE EN LEVENSWETENSCHAPPEN
*master in de revalidatiewetenschappen en de
kinesitherapie*

Masterproef

What is the importance of holistic therapy for physical therapists?

Promotor :
dr. Joeri CALSIUS

Machteld Houben , Ilse Moermans

*Proefschrift ingediend tot het behalen van de graad van master in de
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Genk, 19 May 2014

H.M.

Genk, 19 May 2014

M.I.

Research framework

This master's thesis, in the field of Mental Health Care, was performed with one purpose in mind: examining the meaning of holism in physical therapy. In holistic models a patient will be perceived as a whole, in the surroundings wherein he lives, to help resolve his medical problems. This can only be achieved by not just looking at the physical aspect, but also mental, social, emotional and spiritual aspects (Pratt, 1989; Stineman, 2011; Wade 2011). What is the meaning of this in practice? There is also, in our education, a tendency of more holistic influences but this is limited in the practical education. Are these influences transferred to the working field and how is this accomplished? These are the most important questions we asked ourselves at the beginning of this thesis.

This study was accomplished by qualitative research, which focuses on the description, experience and interpretation of problems and/or facts in certain situations. Here is no statistical analysis, what is done with quantitative research. This means that the data isn't aren't statistically representative for a larger group than the interviewed one, but provide insights in what the interviewees are concerned about and how they experience it. By determining the motivations and opinions of the interviewees we obtained in-depth information.

We decided, in accordance with Dr. Calsius, to use in-depth interviews with independent physical therapists who specialize in musculoskeletal problems. This because it is the largest group of graduated physical therapists. On factual basis those therapists were the largest group of the graduating physical therapists. Within this group we made a distinction between two subgroups; namely the physical therapists with a holistic approach and those with a biomedical approach.

The research design, recruitment of physical therapists and the data acquisition for this research were done together with Nele Castro. This was decided with approval of our promotor because this had several advantages. Nele Castro's master's thesis deals with the physical awareness of the physical therapist. This research topic relates to the theme of our masters's thesis which made the decision for a partnership obvious. Our master's thesis's isn't part of a bigger research project, the design is therefore made independent.

For the recruitment, the search for physical therapists began on the internet. We contacted them by email and/or phone to make an appointment. After interviewing them, we asked if they knew other physical therapists who could be interesting to interview. The interview questions were tested before the first interview and there was a feedback moment with our promotor before the first interview. The data were acquired by means of in- depth interviews. During each interview, at least two interviewers were present. By asking open ended questions, some new information was discovered. For example, some therapists focus not only on the body but also on the diet of the patient. Others were using humor to establish a connection with the patient. All these aspects were asked about and sometimes used in the further processing of the results.

Independent data-processing was done by each thesis group individually. The processing of those results were separated in our thesis. Ilse processed and transcribed the interviews of the physical therapists with a holistic approach and Machteld the ones with a biomedical approach. As a result each researcher became familiar with the details of their interviews. Multiples readings of those transcripts were important for the data familiarization stage. This was a key stage in the development of the analysis. The next stage, the open coding, was selecting and labeling the interesting and important information. This was also done separately. The selective coding and the forming of themes were done together. In this stage we received feedback from Nele Castro and Dr. Calsius. The most important factors that came to light are communication with the patient, having a say in the treatment and touch, all of which seemed to be very important factors of a holistic physical therapy. After discovering this, going 'public' by talking with other people about themes and ideas helped to see the wood for the trees and gave an enlightenment and new perceptions on the analysis. Different connections were found between the themes. For example, holistic therapists can use touch to achieve better communication. Further participation of the patient can increase the confidence and as a result give broader communication. Biomedical therapists have another vision of a holistic way of working. They pay attention to psychosocial factors in their treatment but this is mostly limited in the anamnesis. The explanation of diseases is an important component related to the psychosocial part of rehabilitation.

The academic writing phase was completed together. This in order to produce good end-results by sharing knowledge about the two groups. By doing so we had enough time for the exchange of information and the possibility to discuss the end-results. We acquired better insights about the similarities and differences between physical therapists and their approach. We also checked the theory discussed in current articles against the present data. Some results, drawn from the interviews, correlate with those theories. Other results brought up questions about the contemporary published concepts of the holistic way of work.

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3. Wade D. (2011) Complexity, case-mix and rehabilitation: the importance of a holistic model of illness. *Clinical Rehabilitation* 2011; 25: 387-395

What is the importance of holistic therapy for physical therapists?

A first view

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What is the importance of holistic therapy for physical therapists?

Abstract

This article describes the meaning of the concept of holism for physical therapists in the work field. After the in-depth interviews of two groups of independent physical therapists, namely holistic and biomedical therapists, the analysis of the results was performed using the Interpretative Phenomenological Analysis. Different important themes came out of this analysis. For holistic physical therapists, it is important not only to deal with the psychosocial aspects, but also to have a voice in the treatment and to be able to touch the patient. For biomedical physical therapists, a clear structure throughout the treatment and communication about the diseases are important elements. The differences between the treatments are described in greater detail.

Keywords: Holism, biomedical, psychosocial, physiotherapy, IPA

Introduction

The purpose of this study was to examine in what way and by which means holistic concepts are being implemented in physical therapy. For this, in-depth interviews were taken from independent physical therapists who specialize in musculoskeletal revalidation, since musculoskeletal problems are very common in the field of physical rehabilitation. These problems represent, together with mental illnesses, the most frequent reasons for short- and long-term absence from the workplace (Croft et al., 2010). Because of this, many physical therapists have chosen to deal with these problems.

Holism can be described as a coherent approach of health care instead of the sum of individual techniques (Gordon et al. 1982). In other words this means that a patient will be perceived as a whole, in the surroundings wherein he lives, so as to help resolve his medical problems. This can only be achieved by not only looking at the physical aspect of his being, but also his mental, social, emotional and spiritual aspects or status (Pratt, 1989; Stineman 2011; Wade 2011).

In different medical and paramedical educational programmes, the growing influence of holism can be ascertained. This development, however, is limited in medical practice (Alonso, 2004). The biomedical model is mainly used. It is a conceptual model of diseases which excludes psychological and social factors and only includes biological factors in an attempt to understand the disorder. In Toye's article the assumption is made that the disorder can be simplified to a specific somatic cause, without taking in account the social, psychological or moral factors (Toye et al., 2012). This model seems to be very effective with regard to acute or posttraumatic problems where a clear physical cause can be found, but with chronic or less specific problems this model seems to have its limitations. These problems compel us to search for the factors which have an influence on the physical disorder.

New models that can explain why certain symptoms persist with certain patients and why this can change their daily routine, are necessary. Clear evidence exists why psychological and social factors should be included in these models. An example of this is the existing

biopsychosocial model, which not only involves the musculoskeletal problems of the patient but also his mind and social context (Croft et al., 2010). If these elements are incorporated, a broader view of the patient and the factors which have an influence on the disorder is obtained.

The biopsychosocial model is an holistic alternative to the biomedical model (Borrell-Carrio et al., 2004). Some therapists focus more on the holistic way of thinking, others hold on to the biomedical model.

This research examines if the use of different models can make a difference in the working method. Are psychological and social factors considered important in medical practice? How are those factors dealt with? Are other factors important within the treatment/ rehabilitation?

Methods

Research Design

This survey was accomplished by qualitative research and the gathering of data by interviewing independent physical therapists. By determining their motivations and opinions, comprehensive data was obtained.

Sample

For this research, independent physical therapists from Limburg were important, also those working in a multidisciplinary practice. Both female and male physical therapists from different age groups were included. Physical therapists who specialize in musculoskeletal problems were chosen because they represent the largest group of physical therapists and therefore have the largest group of patients. In order to make a comparison within this group a distinction was made between the physical therapists with a holistic and those with a biomedical approach. Only the therapists with at least three years of work experience in an independent practice were

included because it is to be expected that newly graduated therapists would cling to what they have learned.

In October 2013, physical therapists were found by use of the search engine Google. The following search terms were used: "Holistisch kinesitherapeut" ("*holistic physical therapists*") and afterwards in combination with "Limburg". Via electronic mail dozens of them were contacted. This e-mail consisted of a short presentation of the researchers, a short introduction about the study and the request for participation and how to get in contact. Two therapists responded favorably and were then contacted by phone to make an appointment. Via a specialized internship in the field of musculoskeletal revalidation, attended by Machteld Houben and Nele Castro, a suitable biomedical therapist was found. An appointment was also made with this person.

After each interview, the therapists were asked if they knew other therapists who could help with the study. In this way, the snowball sampling method was used for the recruitment of other therapists. A total of eight therapists were interviewed. Four of them used the holistic method, the other four applied the biomedical approach. (Table 1 and 2).

Table 1. Holistic Therapists

Age (years)	Sex	Experience in private practice (years)	Type of patients
34	Female	5 – 10	Chronic E/F Adults Elderly
52	Female	> 25	Chronic E/F Adults
34	Male	5 – 10	Acute Adolescents Adults
32	Male	10 – 15	Acute Chronic E/F Children Adults

Table 2. Biomedical Therapists

Age (years)	Sex	Experience in private practice (years)	Type of patients
62	Male	> 25	Acute Chronic E/F Adolescents Adults
28	Male	5 – 10	Acute Adolescents Adults
33	Male	10 – 15	Acute Chronic F Adolescents Adults
54	Male	> 25	Acute Chronic E/F Adults Elderly

Interviews

A semi-structured interview was chosen for the in-depth interviews. Hereby one or more general questions were chosen, followed by a few specific questions (Table 3). Open-ended questions were used because it is important that the participant can give a detailed description in his or her own words. These questions were asked in a neutral way, without incentives. An informed consent was also written. Nele Castro asked specific questions concerning body awareness. These questions are not a fundamental part of this study. Interesting data gathered from these answers was however admitted.

Table 3. Interview prompts

Interview prompts
Wat is uw leeftijd?
Hoeveel jaren heeft u ervaring in een zelfstandige praktijk?
Welk type patiënten heeft u voornamelijk in behandeling?
Welke betekenis geeft u aan de term holisme?
Hoe wordt uw behandeling opgebouwd vanaf het moment dat de patiënt binnenkomt?
Heeft de patiënt inspraak in de behandeling?
Merkt u dat deze benaderingswijze altijd even goed werkt?
Of ondervindt u beperkingen?

The survey and interview techniques were first tested with a few persons. Questions were altered if necessary. After that, the first therapist was interviewed. This took place in November 2013.

The physical therapists were only interviewed once either in their own practice or at home. Before the interview was taken, an informed consent was read and signed by the therapists. During each interview at least two researchers were present. Each of them made an audio-recording of the interview. Each interview lasted at least forty minutes. The researchers applied the interview techniques in a flexible way. Depending on the answers of the therapists, new questions were asked. Thereby all interviews are different from one-another.

Analysis

To analyze the data, the Modified Interpretative Phenomenological Analysis was used. This method is often used with semi-structured interviews (Howitt D., 2013). Each interview was listened to and written down verbatim by the interviewers. A transcript was written down of each interview, but the interviewers divided the interviews between themselves at random. All transcripts were read a few times over by each interviewer, which made the interviewers more familiar with the data. After this was done, Nele focused on her study, Ilse worked out the coding of the interviews from the holistic therapists and completed Machteld the coding of the biomedical therapists. At first, an open coding was used, which means that the therapists' own words were used as initial codes and numerized. As a consequence, interpretations were not easy to make. After the open coding was completed, the significant and important elements or codes were clustered into axial codes. The names of these axial codes were written on index-cards, which were then placed on a table and moved around so as to make the connections between the codes clear. Some codes were discarded if they did not fit into

any of the themes. In the last phase, the axial codes were placed in bigger themes, which were used as a basis of the results. This is the selective coding. During the axial and selective coding, there were regular contacts for feedback between the researchers and once with Dr. Calsius. After these steps were performed, the study and relevant ideas were discussed with people who were not connected to the research. Their independent views gave some new insights into the analysis, for example different connections between the topics that were used in this study. These interconnections led to an extensive view on the results of the analysis.

Results

From the analysis, some themes have become apparent. On the one hand, within holism there are five themes that have similarities as well as important differences with regard to the biomedical field. These themes are: ‘the person with all his aspects’, ‘communication as introduction to the therapy’, ‘sometimes redirecting after listening’, ‘touch as a basis for a successful treatment’, and ‘the patient is equal to the therapist’. On the other hand, there are two themes which are typical of the holistic field, namely: ‘physical therapy as a basis but in a broader perspective’ and ‘adapting the treatment to the patient’.

The person with all his aspects

In the biomedical field, therapists have a clear description of the concept of holism.

This description is very similar to what is written in textbooks and articles. Therapists define holism as a combination of three aspects, namely the physical, the social and the psychological dimension. This is in sharp contrast with the work method which is employed in daily life.

“Ge moet één uwe fysische pijler, twee uwe sociale pijler en drie hebt gij de psychologische pijler. En die drie staan altijd in verbinding met mekaar. Die staan nooit los van mekaar. En naargelang het percentage dat daarin zit, moet gij anders werken.”

Therapists in the holistic field have a broader vision about holism.. They describe not only the physical, social and psychological dimensions, but also emotional and environmental aspects. Besides from these, the actual individual is also taken into account.

“Bij een wervelzuil stop je ook niet bij het stuitje, waarom zou je dan stoppen waar het geestelijke begint?”

Table 4. Themes

Holism	The person with all his aspects	↔	Holism as taught in school	Biomedical
	Communication as introduction to the therapy	↔	Communication	
	<i>Sometimes redirecting after listening</i>	↔	Redirecting patients	
	Touch as a basis for a successful treatment	↔	The touch as double aspect in treatment	
	The patient is equal to the therapist	↔	The patient as part of the treatment	
	Physical therapy as a basis but in a broader perspective			
	Adapting the treatment to the patient			
			A structured therapeutic sequence within the rehabilitation	
		How to handle psychosocial factors		

Context, air quality and nutrition are important environmental factors.

“Dus wat voor een soort lucht er, nu valt dat nog mee maar bijvoorbeeld mijnwerkers vroeger, dat is ook een soort context eigenlijk.”

“Ik ben gene dikke zeg maar dus ik heb weinig, eum, extra of hoe is dat, reserve zeg maar in mijn lichaam maar dat maakt ook dat ik ontvankelijker ben voor als ik veel ga wisselen in mijn voeding of als ik veel ongezond ga eten, dat ik dat merk ook aan mijn gezondheid of hoe mijn lichaam functioneert, en mijn geest.”

Communication as introduction to the therapy

For biomedical therapists, communication is critical during the anamnesis. The therapists take a lot of time to listen to the patient's complaints and to hear the patient's (medical) history. A lot of attention is also paid to approaching the patient in a positive manner. Communication is used as a source of information, but at the same time the patient is given more insight in his own disease and stimulated to cooperate fully with his treatment. The effects of cooperation, communication and treatment are reciprocal and positive for both therapist and patient.

“Heel veel uitleg voor wa meer ziekte-inzicht te krijgen. Hoe is da gekomen, hoe kunt ge daarmee omgaan, hoe kunt ge da voorkomen? Belangrijk is erin da ge mensen voldoende uitleg geeft.”

For holistic therapists, communication is a continuous part of the whole rehabilitation proces. The therapists will try to understand the patient's life story in

all its different aspects and all its complexity, while their listening ear provides a lot of support to the patient.

“Ge zijt wel vree nerveus hè. Deze prikkel kan zorgen dat er zo een fles opengetrokken wordt en dat er eigenlijk heel veel uitkomt.”

The holistic therapists explain and give advice to the patient. They try to motivate him with regard to the social aspect of the patient's life and try to help by giving alternative solutions to various problems that may exist in the patient's life. This is very similar to the way biomedical therapists think and work.

“Als ik een chronische patiënt voor mij heb, dan ga ik natuurlijk ook wel in op zijn acute pijnklacht maar ik ga ook vragen wat het doet met hem in zijn dagelijks leven en ik probeer daar tips in te geven zodat hij eventueel zijn “handicap” kan omzeilen door bijvoorbeeld een hulpmiddel of zijn sport op een andere manier te beleven.”

Both biomedical and holistic therapists start by listening to the patient's story before they decide if they will treat or redirect the patient. Psychological- and emotional factors are an important part of this process. Biomedical therapists will redirect the patients more often because they think the problem is beyond their capabilities.

“Ge laat die patiënt beter gaan want het is beter voor hun en ook beter voor de behandeling want die mensen voelen zich daar ook beter bij bij iemand die daar meer voeling daarmee heeft.”

Touch as a basis for a successful treatment

Touch as therapy. Both biomedical and holistic therapists think that physical contact is an important part of the treatment. Biomedical therapists only use touch as an instrument for the treatment. Holistic therapists, by contrast, often use an hands-on approach. Touching the patient is not just something that needs to be done, it is an indispensable part of the therapy. Everything they can feel and express with their hands, gives an input to the patient and to themselves.

“Lichamelijke aanraking of contact, ik zie dat gewoon als noodzakelijk het hoort bij het kinéverhaal.”

Maar je moet heel bewust, ge moet dat niet, maar ik merk wel dat dat een groot verschil is als je effectief gaat voelen wat dat weefsel tegen u vertelt, natuurlijk niet in woorden. Maar je voelt wel, je voelt ten eerste waar zit er spanning, waar is dat lossere eum, temperatuur zijn ook zaken natuurlijk.”

Keeping a decent therapeutic distance is important for both types of therapists, so as not to make the patient feel uncomfortable.

“Ge moet daar soms een beetje mee oppassen, want als kinesist zijnde staat ge daar nie altijd bij stil dat ge toch heel veel lichaamscontact maakt en bij die patiënt misschien toch in zijn... ja, dat die zich toch een beetje onwennig voelt.”

Touch to create trust. In general, physical contact is seen as a medium to communicate. It often removes any barriers that might exist between therapist and patient, and people will sometimes say

more than they would otherwise. It thus creates a special relationship of trust between patient and therapist. The biomedical therapists will only use touch as a small form of comforting but the holistic therapists will use it during their whole treatment to relax the patient. Holistic therapists try to use their hands and body to create a peaceful atmosphere for the patient, so they can express their feelings. The connection between mind and body and the patient's possible discomfort are all addressed through these moments of physical contact.

“Geruststellen, af en toe gelijk met een aanraking.”

“Recente emotionele factoren kan je beïnvloeden door lichaamswerk, door simpele connecties te maken tussen lichaam en geest.”

The patient is equal to the therapist.

The patient has a certain responsibility in the therapy according to the biomedical and the holistic therapists.

“De verantwoordelijkheid ook bij de patiënt zelf ligt. De patiënt moet zijn gedrag veranderen, die moet oefeningen; zen houding aanpassen, of bepaalde dingen doen.”

Biomedical therapists let the patient participate in the process, but the patient is not allowed to make any decisions. The therapists see themselves as experts in their field of study.

“Gij als therapeut zijt nog altijd wel diegene die beslist wa da der gebeurt.”

However, holistic therapists let the patient participate on all levels. They find it important to get feedback before, during and after the treatment.

“De patiënt is het startpunt. Alles vertrekt vanuit de patiënt. De patiënt heeft altijd gelijk. Inspraak vind ik absoluut van belang. Ge moet u wel altijd aan de wet houden hè.”

Physical therapy as a basis but in a broader perspective

The analysis points out that holistic therapists, apart from all aspects previously mentioned, attach a lot of importance to doing more than only the biomedical part. The starting point is always the physical therapy.

“Ik vertrek natuurlijk vanuit de denkwijze van een kinesist hè. Ik ga niet proberen de psycholoog uit te hangen, maar ge zijt met die mensen gemakkelijk twintig minuten individueel bezig en ofwel kunt ge daar gewoon tegen zwijgen ofwel gaat ge proberen een beetje verder te gaan in die gesprekken.”

Even more so, experience is a very important aspect in the career of a physical therapist. The more working experience, the more people skills one develops and the more routine treatments will become.

“Hoe langer je werkt, hoe meer je eigenlijk ook op een andere onbewuste manier gaat met dingen rekening houden. De manier hoe iemand al binnenkomt bijvoorbeeld, is ook een aspect waar je rekening mee houdt. Je schrijft dat niet op maar dat is een beeld wat je hebt van een persoon.”

Adapting the treatment to the patient

Within holistic therapy, there exist two different approaches to handle different conditions (acute vs. chronic). Acute

problems are treated as quickly as possible, instead of using all the therapy sessions that are prescribed.

“Soms zijn mensen die bijvoorbeeld negen keer gekregen hebben en die na vier keer beter zijn, dan zegt ge van: ‘We stoppen hier’. Ge probeert altijd met zo weinig mogelijk sessies zo veel mogelijk resultaat te boeken.”

With chronic problems the first step is to search the cause of the problem. Other influencing factors must be taken into consideration because the patient's complaints already exists for a long time. If no clear cause can be found, the therapist will search for alternative methods to solve the problem. This can be accomplished by conversations or by offering medical accessories.

“Als iemand een half jaar of een jaar last heeft van rugpijn, ga ik er niet van uit dat die persoon daar mee moet blijven rondlopen.”

“Bij een chronische patiënt ga ik in op de acute pijnklacht maar ik ga ook vragen wat het doet met hem in zijn dagelijks leven.”

Discussion

The results show that touch, communication and the patient having a say are very important factors in the holistic field. There is a permanent interaction between the three factors. Physical contact can be used to achieve better communication. Participation of the patient can increase the confidence and as a result give broader interaction. Scientific research suggests that, besides physical factors, communication about the psychosocial factors is really important to physical therapists (Blotcky et al., 1982;

Toye et al., 2012). After studying physical therapists in their practice, this seem to be less important in reality. The psychosocial factors reveal themselves at different levels. Holistic physical therapists try to find a connection between mind and body. Thus, they try to do more than their biomedical colleagues.

Biomedical therapists put the emphasis on the psychosocial factors when doing the anamnesis. They will ask about any complaints and then make a decision to start treatment or redirect the patient. If the psychosocial factors get greater emphasis, they will choose to redirect the patient. However, they are convinced that they could use behavioral therapy in their treatments. They also make a connection with the patient by understanding them and using humor in their treatment. This is clearly different from holistic therapists, who pay attention to the psychosocial factors during the entire treatment and will try to offer solutions on a regular basis.

The possible strength of the biomedical therapy is the clear structure throughout the entire therapy. At the beginning of the therapy, there is always an anamnesis where the complaints are heard, processed and placed in its own context. They will not look at the prescription in order to get a broader view of the patient. The anamnesis can take fifteen to twenty minutes during the first treatment, depending on the problem. This in great contrast with the holistic therapy, where the anamnesis will be taken when they are already working hands-on. This is their way to adapt the therapy to the problem. They have to use the trial-and-error method to search for the cause of the problem. When the anamnesis is done, biomedical therapists will do a clinical examination after which they will make a treatment schedule and a timetable with clear goals. The goals face the primary problem, found in the anamnesis and the clinical examination. In this entire process, the patient has a say but the choices of the therapist are still to be respected.

In medical literature, it is presumed that patients are more likely to follow the biomedical model, despite the fact that this does not always produce sufficient solutions for their complaints (Toye et al., 2012). More often than not holism is unknown to the patient. Therefore a form of fear settles in. In society, the term holism is frequently linked to alternative therapies. When patients decide to try holism therapy, it is mostly in addition to the conventional physical therapy (Chandola et al., 1999). Moreover, there is the prejudice that holism focuses too much on the mental aspect and because of this patients think that therapists will say: 'It's all in your head' (Toye et al., 2012).

This creates a lasting tension between holistic and biomedical physical therapy (Toye et al., 2012). In the interest of giving the patient an optimal treatment, a combination of both therapies seems better. The holistic therapists can improve their therapy by giving more structure to their treatment. On the other hand, biomedical therapists should pay more attention to the psychosocial factors, certainly with more chronic diseases. This findings are corroborated by M.G. Stineman. In her article she writes: "I argue that the biomedical and holistic paradigms are not in conflict but rather are both necessary and even complementary." (Stineman, 2011). But will this ever be possible? Will this tension ever fade even if it benefits the patient? Is it necessary to implement this in the education of physical therapists?

Further research in these fields is definitely necessary. This research is very broadly interpreted because it is an initial study and there has not been published a lot about it. Therefore, an effort was made to give a better view of what is going on in practice. There was not enough time to dig deeper into the different themes found in the interviews. This would make the study too extensive. If these themes were to be investigated further, an added value could be given to future research.

Conclusion

Beside the psychosocial factors, communicating with the patient, letting the patient have a say in the treatment and touch are very important factors of a holistic physical therapy treatment. This can give an added value to the treatment of more chronic problems. Biomedical therapists also pay attention to the psychosocial factors in their treatment. This occurs mostly in the anamnesis, when they give information about the complaints of the patients. The biomedical therapists also give an explanation to the patient so as to give them more insight in their disease.

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Auteursrechtelijke overeenkomst

Ik/wij verlenen het wereldwijde auteursrecht voor de ingediende eindverhandeling:

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Richting: **master in de revalidatiewetenschappen en de kinesitherapie-revalidatiewetenschappen en kinesitherapie bij musculoskeletale aandoeningen**

Jaar: **2014**

in alle mogelijke mediaformaten, - bestaande en in de toekomst te ontwikkelen - , aan de Universiteit Hasselt.

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Houben, Machteld

Moermans, Ilse

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