

# PROFILE

## MENSENDIECK REMEDIAL THERAPY

Publication by the  
Dutch Mensendieck Remedial Therapists Association  
Vereniging van Oefentherapeuten Cesar en Mensendieck (VvOCM)  
**PROFILE MENSENDIECK REMEDIAL THERAPY**

## **FOREWORD**

The origin of the Mensendieck profession, its development these last few years and all aspects of the therapist's activities are described in this profile on Mensendieck Remedial Therapy. The motivation to write this profile was a request from both the Ministry of Public Health and the Ministry of Education and Sciences to the Dutch Mensendieck Remedial Therapists Association (VvOCM).

For quite some time, the Dutch Mensendieck Remedial Therapy Association has felt the need for a clear outline of the profession for informative purposes as an indication of the place Mensendieck Remedial Therapy holds within the scope of health care, compared to other therapeutic methods. This profile is also intended to serve as a source of information for general practitioners, medical specialists and other persons involved in health care. This profile has been compiled by a committee consisting of Mensendieck remedial therapists operating in various sectors of health care at home and abroad.

This document consists of two parts. The first part deals with the profession and its activities in general, the second part enters to some extent into the therapist's work.

The VvOCM hopes to provide answers to the many questions with respect to contents and practice of Mensendieck Remedial Therapy.

## **PART I**

### **PROFESSION AND PRACTICE OF MENSENDIECK REMEDIAL THERAPY**

#### 1. History of Mensendieck Remedial Therapy

Mensendieck Remedial Therapy bears the name of its founder dr Bess Mensendieck (1867-1957). She developed her method from a very extensive knowledge of the anatomy, mechanics and physiology of the human body. A central feature of the method is that the individual has to use his own will consciously to improve his posture and movement. In the context of the then prevalent western attitudes concerning physical development and movement, in which limberness and achievement were emphasized, this view on posture and movement was completely new. The emphasis on one's own will and own contribution made and makes this method unique within the study of movement and remedial therapy.

Dr Mensendieck began training courses for Mensendieck teachers in Norway and Germany. This original title of teacher shows that the method involved has a didactic nature. The first Dutch teachers were trained abroad.

At first, Mensendieck treatment was directed towards prevention of complaints in the musculoskeletal system. Prominent neurologists soon recognized the value of Mensendieck remedial exercises for patients with neuromuscular diseases and this enabled the Mensendieck method to develop into a full-fledged paramedical therapy.

After the Second World War a development was initiated through which those in the paramedical professions, and therefore also those involved in Mensendieck Remedial Therapy, made an important contribution to the treatment and rehabilitation of patients. This development resulted in legal recognition of Mensendieck Remedial Therapy in the Paramedical Professions Act in 1972.

#### 2. Definition of the Mensendieck Remedial Therapy Profession

The Paramedical Professions Act uses the following wording in the Resolution concerning Mensendieck Remedial Therapists: "the professional application of Mensendieck Remedial Therapy prescribed by a general practitioner or specialist, is considered to be that remedial therapy which benefits the medical aim of a correct posture and movement by means of exercise, or to have the patient consciously perform movements and assume positions, according to the principles of Mensendieck".

Activities executed within the profession but without a medical aim are called 'related activities'. The Mensendieck remedial therapist endeavours to resolve or alleviate the results of dysfunctions in the activity pattern and to promote the patient's health by teaching a correct posture and movement. In addition, the remedial therapist stimulates the patient to apply the acquired knowledge to his daily-life activities.

The Mensendieck remedial therapist distinguishes three groups of clients:

- a. Clients, a group that has no specific complaints and has not been referred by a physician, the therapist concentrates on the prevention of impaired posture and movement.
- b. Patients, a group with complaints of temporary nature and referred by a physician. The therapist treats the existing pain by means of exercises. The therapist teaches the patient to recognize the cause of the complaint and how to improve both posture and movement so that the complaint will vanish and recurrences are prevented.
- c. Patients, a group with chronic complaints or handicaps, also referred by a physician. The exercise programme for each patient is developed according to his needs on the basis of medical evaluation of his disability. The treatment is aimed towards the performance of daily-life activities to the best of the patient's abilities. The therapist stimulates and maintains the unaffected parts of the locomotor functions.

Mutual relationship between preventive and curative activities forms the identity of the profession.

### 3. Field of Activity

The Mensendieck remedial therapist works in the paramedical sector in both curative and preventive functions, in a private practice or as an employee in hospitals, nursing homes and rehabilitation centres.

The therapist provides the therapeutic treatment (to a patient) on referral by a general practitioner or a specialist, who has made a diagnosis and in some cases provides general recommendation for treatment. On the basis of this information and his own examination, the therapist plans the therapy. The therapist keeps the patient's physician informed about the progress and treatment and when necessary the workers in other disciplines involved.

In preventive work, the Mensendieck remedial therapist has sole responsibility. The therapist's preventive work is not included in the organized health-care system. Courses are given to business employees where specific positions and movements can cause problems in the musculoskeletal system e.g. factory workers, shop and administrative personnel, nursing staff and musicians. Growing school children are also included in this preventive work.

Pre- and postnatal courses and exercise classes for the elderly are an important aspect of Mensendieck remedial therapy.

### 4. Scope of the Mensendieck Remedial Therapy

The Mensendieck remedial therapist, through this 'physical education', teaches the client to make use of our human capacity to observe, analyze, and correct stance and movement during an exercise process, a client who is, in principle, actively involved. The selected exercises must restore a convalescing patient to an improved physical condition and teach him insight into his own body structure. Through integration of visual (use of mirrors) and perceptive information (from the body), the client learns to experience his posture and movement as a voluntary pattern which can be influenced.

Correction of posture and movement has thus become the client's own responsibility. In this way an actual retraining process is developed, which usually leads to permanent results. The Mensendieck remedial therapist usually does not demonstrate the exercises, but gives oral instructions. This in order to prevent the client from thoughtlessly imitating the exercises. The client carefully observes his movements in the mirrors placed behind and in front of him. Instructions are adapted to the clients needs and explained so that he becomes aware of the sensory and locomotory functions through observation, analysis, sensation and perception to learn to gain control over his actions. In cases where the abilities of the patient are inadequate, the Mensendieck remedial therapist acts in a supportive manner; when necessary, the therapist helps the patient with passive movements.

As training for coordination is carried out, the rate of movement must be low enough so that the person is aware of the sensations related to the various components of the action. If necessary extra muscle tension is applied through which the sensation and perception of the movement are increased, and correction and verification during the movement become possible. The Mensendieck remedial therapist pays ample attention to teaching muscle relaxation after specific muscle tension. The alternate use of conscious muscle tension and relaxation promotes sensitivity and muscle performance. The application of correct breathing forms an important part of every exercise.

This type of treatment has a significant individual approach to suit individual needs. The Mensendieck remedial therapist modifies the exercises to the patient's physical and mental state, which leads to a posture and activity pattern in agreement with the patient's own anatomy and capacity. The Mensendieck remedial therapist also believes that therapeutic exercises have local and general effects on the physiology of the body. Each change caused by sickness or handicap has therefore repercussions on its functions. The Mensendieck remedial therapist does not exclusively direct attention towards the disorder, but towards the performance of the person as a whole.

This type of treatment requires a concerted interaction of the active client and the Mensendieck remedial therapist, who instructs and supervises, stimulates and checks, but above all motivates the client.

## 5. Specialization

Mensendieck Remedial Therapy is a specialization in itself. In principle, the remedial therapist is a 'generalist' i.e. professionally competent and capable to treat a great variety of syndromes and disorders.

The Mensendieck remedial therapist gains in expertise in a certain field through specific studies and experience. Some therapists coach musicians with their locomotion and breathing; others work with children with sensory motor delay. Still others are specialized in treatment of COPD, psycho-geriatric patients or the blind and visually handicapped. The aim is to combine these specific fields of expertise and integrate them in the training.

## 6. Training and Requirements

In Amsterdam, The Netherlands there is but one training centre for Mensendieck Remedial Therapy. The vocational training course of three years is a Higher Vocational Education and comes under the Ministry of Welfare, Public Health and Culture. The graduate has the right to bear the title of Bachelor (statute Book 1986,289). The number of lessons and subject specialization have been laid down in the Mensendieck Remedial Therapy Decree (Statute Book 1980, 563).

The first theoretical year is concluded with a school examination. During the second year tests and preliminary examinations are held, followed by a practical training period. The training takes place in Health Care institutions. The last three months of the third year, the trainee returns to the Mensendieck training centre to attend both theoretical and practical lessons, terminated by a final examination under supervision of external examiners.

It is important that the Mensendieck remedial therapist has good communicative skills and is able to convey articulate instructions, has patience and a considerable sense of responsibility. The nature of the profession demands empathy from the therapist and that is why a person who possesses that quality, will have the best chances to succeed as a Mensendieck remedial therapist.

## 7. The Mensendieck Profession in the Future

As mentioned in previous sections, Mensendieck Remedial Therapy is distinguished from other types of physical therapy by its specific holistic approach. This means that the client is involved in the treatment and integrates the new concepts into his daily activities.

The philosophy of the Mensendieck treatment method relates well to the present-day tendency in health care in the Netherlands, which encourages the patient to participate and be alert to the causes of his complaints. This involvement enhances the patient's active role in treatment or prevention of complaints.

Mensendieck Remedial Therapy merits a place in the industrial health services in treating or preventing occupational hazards by providing qualified information and instruction to employees.

Post-graduate training of Mensendieck remedial therapists is of great importance.

## **PART II**

### **WORK PROFILE**

In this section of the Mensendieck remedial therapist profile, one finds the concepts of function, task and activity. Function is understood to be a group of occupational activities which can in principle be carried out by one person, a task consists of a defined group of activities, and activity is self-explanatory.

#### **I. Treatment**

##### **a. Application Mensendieck Method -Anamnesis**

- Examination
- To plan the treatment
- To plan goals and guidelines
- Oral instructions of exercises with necessary corrections
- If necessary support the patient with the exercises
- If necessary passive movement of the patient by the Mensendieck therapist
- Occasional demonstration of the exercises
- Constant observation of the patient in order to record the reactions to physical and mental stress during treatment
- Adjustment of treatment plan according to reaction and the information of the patient
- Supervision, motivation and stimulation of the patient by e.g. explaining purpose of the exercises
- To teach integration of the material in daily-life activities
- If necessary instruction to relatives and/or nursing staff

##### **b. Preparatory and additional activities-Bronchial hygiene**

- Removal and application of orthopaedic devices and bandages
- Ergonomic advice

#### **II. Running a private practice -Practice planning**

- Keeping record of patient
- Report to referring physicians
- Consultation
- Practice administration and bookkeeping

### III. **Providing preventive care**

- a. Application Mensendieck method
  - Exercises for the elderly
  - Pre- and postnatal courses
  - Treatment of school-age children
- b. Advice to industrial medical services
  - Providing information and instruction for specific musculoskeletal dysfunctions arising in certain work situations
- c. Courses for occupational groups
  - Instruction to, for instance:
    - housewives
    - aircraft cabin staff
    - nursing staff
    - actors
    - musicians
    - shop personnel
    - construction workers
    - catering personnel

### IV. **Health information**

- General information in schools, associations exhibitions with respect to the importance of correct stance and movement according to Mensendieck methods
  - Lectures
  - Demonstration using slides and film
  - Provision of documentation

- V. **Information on the Mensendieck method to professional groups in health care**
  - Lectures
  - Demonstration using slides and film
  - Provision of documentation

### VI. **Planning of services**

- Coordination of activities
  - Timetable
  - Late night and on-call duties
  - Holidays



**VII. Coordination with other healthcare professionals**

- a. Dialogue between colleagues
  - Assignment of treatment
  - Advice from colleagues regarding treatment
- b. Dialogue between disciplines
  - Referral of patient back to the physician
  - Discussion of treatment with other disciplines involved
  - Report after completion of therapy

**VIII. Education**

- a. Theoretical and practical material for students of Mensendieck Remedial Therapy Course
- b. Supervision of students during their practice in the Mensendieck Remedial Therapy
  - General principles of treatment (see function 1)
  - Communication and dealing with patients
  - Maintaining contact with the training course
  - Evaluation of the student
- c. Education in nursing education
  - Lifting techniques
  - Supervision student nurses during practice
- d. Education for health-care workers
  - Lifting technique
  - Supervising student health-care workers during practice
  - To continue education for student nurses
- e. Education for other training programs
  - Drama school
  - Catering school
  - Conservatory, etc.

**IX. Career information**

- Information on: scope of profession, training, future perspectives

**X. Evaluation of own work**

- a. Personal
- b. With other colleagues
  - In small groups
  - Attend district meetings
  - Participation in national short practical courses

## XI. **Development of knowledge and expertise**

- a. Further training
  - Reading specialized literature
  - Participation in short national theoretical and practical courses
- b. Research
  - Statistical research on the effect of treatment of a complaint in the long run
  - Examination aimed at treatment of a certain complaint
  - General research into patient files in a private practice
  - Industrial medical research
- c. Courses
  - (Para) medically oriented
  - Therapists training courses:
  - health legislation
  - insight in employment
  - management
  - meeting techniques

