



**de Fysiotherapeut**

Dutch Association for Psychosomatic Physical Therapy

*Professional Competency Profile*

**Psychosomatic Physical Therapy**



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## Foreword

It is with pride that I present to you the new Professional Competency Profile for the psychosomatic physical therapist.

Psychosomatic physical therapy is a profession in a state of flux. In the last 25 years numerous developments have contributed to its coming of age. Important steps worth mentioning here are the Domain Definition Psychosomatic Physical therapy and the Professional Competency Profile Psychosomatic Physical Therapy. Both documents were developed in 2005 and have contributed to gaining recognition from the Royal Dutch Society for Physical Therapy (KNGF), the Dutch Healthcare Authority (NZa) and medical insurance companies - foremost because we explained in clear language the scope of our domain and competencies.

Due to the continuously changing nature of our profession the Professional Competency Profile was in need of upgrading. The world around us is changing and our association wishes to respond to this in a pro-active manner. Besides the specialist role as described in the 2005 profile it is important that the psychosomatic physical therapist can take on other roles that fit in with his competence. Take for example the role of advisor, innovator or professional leader. These roles have now been added to the new Professional Competency Profile.

The psychosomatic physical therapist strives and stands for quality. We aim to improve the quality of life and do this by offering quality care which focuses on reflecting honestly and openly upon one's actions. In addition, it is important to find the best possible treatment for the patient's specific problem on the basis of best available evidence. Until now there is little scientific evidence in the field of psychosomatic physical therapy. The psychosomatic physical therapist should therefore be allowed to include evidence from adjacent domains in his treatment. The required knowledge and skills to do this are described in the Professional Competency Profile at hand. The treatment should evidently never lose the other out of sight. Maintaining a dialogue with the client is of such essential importance that a separate paragraph in the Professional Competency Profile has been dedicated to this particular issue.

Psychosomatic care is on the rise. The effects of stress on general health are becoming increasingly clear. There is growing attention for the implications of a disease or disorder on one's quality of life. Today's and tomorrow's psychosomatic physical therapist can contribute significantly to restoring a client's quality of living.

I would like to thank all who contributed to writing the Professional Competency Profile for the psychosomatic physical therapist. Without their effort it would not have been possible to obtain the document in its current form.

Nathalie Mulders  
Chairman NFP

## Contents

<b>FOREWORD .....</b>	<b>3</b>
<b>1. CHARACTERISATION PSYCHOSOMATIC PHYSICAL THERAPY IN THE PUBLIC HEALTH SECTOR .....</b>	<b>6</b>
1.1 <i>Psychosomatic physical therapy in the public health sector .....</i>	<i>6</i>
1.2 <i>Therapeutic relationship.....</i>	<i>7</i>
1.3 <i>Field of action.....</i>	<i>8</i>
1.4 <i>Developments in psychosomatic physical therapy .....</i>	<i>9</i>
2.2 <i>Complexity.....</i>	<i>11</i>
2.3 <i>Education.....</i>	<i>14</i>
<b>3 ROLES &amp; PROFESSIONAL COMPETENCIES.....</b>	<b>16</b>
3.1 <i>Roles.....</i>	<i>16</i>
3.2 <i>Competency profile.....</i>	<i>19</i>
3.3 <i>Competency cards.....</i>	<i>19</i>
<b>ANNEX 1 OVERVIEW SPECIALIST ASSOCIATIONS OF THE ROYAL DUTCH SOCIETY FOR PHYSICAL THERAPY (KNGF) .....</b>	<b>44</b>
<b>ANNEX 2 DUBLIN REQUIREMENTS .....</b>	<b>46</b>
<b>ANNEX 3 ANNEX 3 ROLES AND COMPETENCIES OF THE PSYCHOSOMATIC PHYSICAL THERAPIST .....</b>	<b>47</b>

## Introduction

Developments in psychosomatic physical therapy in the past years made a revision of the existing competency profile necessary. KNGF's professionalization policy and the wish to train specialists in physical therapy at (Professional) Masters level, too, have been important factors in this decision. Increased scientific evidence, developments in the profession's demarcation and a desire for stronger profiling of the psychosomatic physical therapist have led to a shift in professional practice. An updated professional competency profile fits in with these developments in psychosomatic physical therapy, and with the ambition of physical therapy as such. The updated version is based on the existing professional competency profile and the domain definition of psychosomatic physical therapy.

This professional competency profile describes the competencies a psychosomatic physical therapist needs in order to perform optimally in his profession: a combination of knowledge, insight, skills and attitude placed within the psychosomatic physical therapist's professional context. The profile addresses the distinctive competencies in particular. The required general physiotherapeutic competencies have not been taken into consideration. They are described in the professional competency profile for the general physical therapist.

In this particular professional competency profile a characterisation of the profession of psychosomatic physical therapist and its operational scope are given in chapter 1.

Chapter 2 sheds light on the profession's complexities and related educational levels. Chapter 3, finally, describes the competencies of the psychosomatic physical therapist.

As a note on the side: The masculine pronoun has been used throughout the book. This stems from the desire to avoid ugly and cumbersome language and no discrimination, prejudice or bias is intended.

## 1. Characterisation Psychosomatic Physical Therapy in the Public Health Sector

This chapter describes the characteristics of the profession of psychosomatic physical therapist and its operational scope. Its position in the public health sector is highlighted, as are the defining elements of a psychosomatic physical therapist's operating procedures. The competencies required of a psychosomatic physical therapist and developments within his field of action that influence his performance are further examined.

### 1.1 Psychosomatic physical therapy in the public health sector

The Dutch association for psychosomatic physical therapy (NFP) was established thanks to a group of physical therapists who realised that part of their patients had additional problems to the physical complaint for which they had initially been referred. They were hampered by the limitations of the dualistic medical model in force at the time, which did not - or insufficiently - take psychological factors and the psycho-social context into account in its diagnostic and therapeutic processes. They observed that these factors have considerable influence, both on the complaints pattern and the related recovery process. In addition they found that persisting and recurring complaints to the posture and locomotor apparatus reacted positively when included in the physiotherapeutic process. The concerned physical therapists formed the Dutch Association for Physical Therapy and Relaxation (NFO) on 17 April 1984 in order to exchange and further develop knowledge and experience. In 1983 a course in psychosomatic physical therapy (LEF - Course in Eclectic Physical Therapy) was launched in Amsterdam, and integrated into the IPT (Institute for Psychosomatic Therapy) in 1995. Further developments in psychosomatic physiotherapy resulted in renaming NFO into Dutch Association of Psychosomatic Physical Therapy (NFP) in 1994. The FLOW Foundation launched a second course in psychosomatic physical therapy in 1994, which was integrated into the Professional Masters course in psychosomatic physical therapy in Utrecht in 2006. On 4 December 2005, the KNGF acknowledged the NFP as a full member. In January 2006 the profession was included in the Central Quality Register for Physical Therapy (Centraal Kwaliteitsregister).

Up to date, the majority of practitioners in psychosomatic physical therapy are female. Now that its unique character and competencies are known, psychosomatic physical therapy is facing the challenging task to clarify its position in the care chain. The realisation of this professional competency profile is part of this process.

#### Models in psychosomatic physical therapy

Scientific progress and a changed vision on health in primary medicine made that physical therapy, too, embraced the bio psychosocial model, which was made operational in the Multidimensional load and load-bearing capability model (Meerdimensionaal

Belasting-Belastbaarheidsmodel). Also in neurobiology there is clear evidence that humans should be interpreted as bio psychosocial entities, and that the relation between biological and social factors is a reciprocal one.

Taking this scientific approach as a starting point one logically assumes that psychological factors strongly influence the recovery of human motor performance. In other words: individuals and their way of dealing with a health problem cannot be seen in isolation from their personal environment. There are for example strong indications that no demonstrable medical biological substrate exists for lower back complaints, and that explanation for such complaints should be sought in a deregulation of motor performance through psychosocial factors<sup>1</sup>. The psychosomatic physical therapist identifies and influences the complex relationship between motor performance, psychological performance and the psychosocial context.

### **Working procedures of the psychosomatic physical therapist**

Next to addressing the physical complaint, the psychosomatic physical therapist focuses specifically on the psycho physiological and behavioural characteristics of a client's motor performance-related problem. Aim is to recognise and gain insight into the complex relationship between motor and psychological performance within a psychosocial context and to positively influence disrupted internal and external regulation mechanisms. The psychosomatic physical therapist, through modelled cognitive behavioural interventions, attempts to increase the client's insight in this relationship and positively influence the disturbed regulation mechanisms, utilising the body as a pretext. In this way the client learns to handle the complaint better and improvement can set in. The psychosomatic physical therapist appeals to the client's self regulatory ability and his physical consciousness. Stimulating self regulation requires interventions aimed at biomedical components in health problems, psychological and psychosocial components and interventions addressing the relationship between physical and psychological components. In order to reach the intended goal the psychosomatic physical therapist intervenes by applying a number of specific awareness-raising methods, relaxation-, breathing- and communication methods, body-focused methods and interventions, and stress management.

## **1.2 Therapeutic relationship**

Psychosomatic physical therapy expressly speaks of clients instead of patients. This stems from the approach chosen by the psychosomatic physical therapist in which attention is given to someone's 'healthy' sides rather than to his 'ill' sides. The client is treated as an individual with talents, personal values, convictions, preferences and wishes. The term patient is foremost reserved to care providers opting for a medical

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<sup>1</sup> Tamar Pincus ea. (2002) A systematic review of psychological factors as predictors of chronicity/disability in prospective cohorts of low back pain. Spine volume 27 number 5

technical approach, whereas in psychosomatic physical therapy contact between therapist and client forms the therapy's axis.

Within the profession of psychosomatic physical therapy the therapeutic relationship takes up an important position and distinguishes itself from the therapeutic relationship in general physical therapy and other specialist disciplines. The psychosomatic physical therapist effectively uses himself as an instrument in a client's treatment process. The physical component is important in psychosomatic physical therapy. The client experiences signals, but so does the therapist. The therapeutic relationship in psychosomatic physical therapy is characterised by a embodied dialogue between client and therapist through application of a broad range of intersubjective body-oriented and body-focused methods such as communicative massage, communicative movement therapy, expressive kinesiotherapy and various therapeutic breathing methods. The treatment's effectiveness is partly determined by the psychosomatic physical therapist's attitude during the treatment of a client. Ample research shows that in order to establish a successful therapeutic relationship, a warm, supportive, non-judgemental, positive and accepting attitude distinguishes the successful from the less successful therapists. (Rogers 1954, Chambless 1990, Beutler 1994, Strupp 1994, Bandura 1968, Greenberg 1981, Kottler 1986).

Taking this intersubjective angle as a point of departure, recovery particularly lies in sharing vital experiences here and now with an understanding and involved therapist. During the psychosomatic physiotherapeutic process the client is given the space to reflect on behaviour, experiences and perceptions in a development process that focuses on the integration of thoughts, emotions and actions in relation to motor performance.

The psychosomatic physical therapist does not only use his profession-specific skills but in effect uses himself in a given situation, through his personally acquired and integrated professional knowledge and life experience. In doing so he trusts his intuitive and creative ideas, responses and interventions and - through reflection - is able to assess their value and appropriate place in the course of the treatment. By conducting body-oriented, body-focused, cognitive and verbal interventions in a creative manner, the psychosomatic physiotherapist thus evokes a specific perception (of the body) and (locomotive) behaviour. Evoked experiences are interpreted, emotions are legitimised and validated, and feedback is given in a respectful manner.

The above-mentioned therapeutic relationship shows the professional attitude that characterises the psychosomatic physical therapist. This professional attitude is centred around a bio psychosocial vision on health, focusing on humans instead of problems. This vision requires continuous reflection throughout the entire treatment process, both on individual actions (self reflection) and on the client's response. Intuition and experience, empathy and sympathy are required elements in a psychosomatic physical therapist's attitude.

### **1.3 Field of action**

Psychosomatic physical therapy has its origins in primary health care. However, in the last decade psychosomatic physical therapists have been operating increasingly in

secondary and tertiary health care, such as revalidation centres and psychiatric clinics. Other areas in which psychosomatic physical therapists are active include health and safety, education and reintegration. Clients have direct access to a psychosomatic physical therapist. Referral takes place by general practitioner (GP), colleagues in physical therapy, social workers, psychologists, psychotherapists, psychiatrists, company doctors, socio-pedagogical workers and rehabilitation doctors.

Aside from the care and service he offers to the client the psychosomatic physical therapist, in the capacity of Professional Master, operates in a broader area in and outside of his organisation and profession.

Within his organisation the psychosomatic physical therapist is partly responsible for the care innovation in his practice. The psychosomatic physical therapist has an open attitude allowing for transparent care and thus improving the quality of psychosomatic physical therapy. In order to achieve this he works together with direct colleagues on different levels. At macro level a psychosomatic physical therapist is involved in innovation of the profession as such. This includes congress contributions, publications and organising practitioner meetings. Finally the psychosomatic physical therapist acts as an advisor in activities such as coaching professional and direct colleagues within his organisation.

The psychosomatic physical therapist is capable of cooperating with specialists from other disciplines and professional areas. In certain situations the psychosomatic physical therapist will act as a case manager. The wishes expressed by the client and his surroundings are guiding to the psychosomatic physical therapist and close cooperation with the client and his environment is of primary importance. He keeps abreast of new developments in his professional field and applies new knowledge and insights in his work.

#### **1.4 Developments in psychosomatic physical therapy**

Various developments within and around the profession will have implications for the professional practice of the psychosomatic physical therapist, now as well as in the future.

The 2006 strategic document mentions those developments that will influence the professional practice in the near future. One of these is the direct accessibility of the psychosomatic physical therapist since 1 January 2006. In other words: the consumer can see a physiotherapist without interference of a GP, which will contribute to a more market-driven care. This market perspective (the basic principle of demand and supply) offers opportunities and poses threats. There will be more players operating in the domain of psychosomatic physical therapy on the market, such as primary psychomotoric therapists and body-focused psychologists. We professionals will need to anticipate this development. A pro-active attitude focusing on these opportunities forms part of the Professional Master's profile.

With free access to the psychosomatic physical therapist the screening process has become an important element of the physiotherapeutic process. Part of the competency screening is the clinical flags approach, which was developed in New Zealand in order to

distinguish between the different risk factors for chronic pain. The following four clinical flags are used:

1. Red flags represent symptoms or signs in a client that can be interpreted as 'warning signals' or risk indicators for a more or less serious underlying biomedical pathology;
2. Yellow flags are symptoms or signs referring to behavioural or psychosocial factors;
3. Blue flags refer to social and economical factors;
4. Black flags refer to professional risk factors.

The psychosomatic physical therapist may interpret the occurrence of certain flags differently from a general physical therapist. In psychosomatic physical therapy certain signs - such as symptoms falling within the yellow flag category - do form an indication for treatment. This makes the screening process of the psychosomatic physical therapist more elaborate than that of the general physical therapist.

A development of a more demographic nature is the ageing population. It is common knowledge that the ageing population in the Netherlands is growing. This sharp rise has implications for the type of problems a psychosomatic physical therapist comes into contact with. In addition, it puts the costs of public health care under increasing pressure. If public health care continues in its current form the costs involved will eventually spin out of control. More research will be carried out into cost-efficient practices, and care will increasingly have to be accounted for on the basis of best evidence.

A further ascent of ICT in health care offers far-reaching opportunities for the psychosomatic physical therapist. Multimedia appears to take over a central role in first contacts with clients. Making appointments, a first quick screening by means of a questionnaire and providing information and support are contemporary examples of the way in which internet is used to provide more efficient care.

VWS analyses show that depression makes the Top 5 of most frequent diseases in the near future<sup>2</sup>. Clients suffering from depression with a link to motor performance are an indication area for the psychosomatic physical therapist.

Thirteen percent of the population experience an episode of fear in their lives. This fear can influence motor performance for which psychosomatic physical therapy may be indicated. In addition, the positioning of psychosomatic physical therapy within the physiotherapeutic domain as well as in the care chain deserves attention in the short term. There is a growing demand for psychosomatic physical therapy thanks to the growing familiarity with the profession. Other actors in the care chain become aware of the possibilities of treatment by a psychosomatic physical therapist. Communication on the profession's possibilities and limitations will contribute to its positioning. The emergence of centres for Medically unexplained somatic symptoms in which psychosomatic physical therapists are active is another trend providing opportunities for the profession.

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<sup>2</sup> Kiezen voor gezond leven, Ministry of Health, Welfare and Sport (VWS) 2006.

## 2 Characterisation professional master Psychosomatic physical therapy

**As became clear in the first chapter the work of psychosomatic physical therapists is varied and in development - a psychosomatic physical therapist's profile is quite easily recognisable. In this chapter we will look at the complexity of activities carried out by the psychosomatic physical therapist in more detail, and see how these are related to the educational level. Finally, the chapter will describe the required educational training.**

### 2.1 Target groups for the psychosomatic physical therapist

Every year 25% of the Dutch population develops a psychological problem resulting in a DSM-IV diagnosis (De Psycholoog, 2007). Every year, 3.1% of the adult population between 18 and 65 years old will experience an anxiety attack for the first time; 4.6% of whom are female against 1.6% male (Volleberg, 2003). In 2003 an estimated 6.3% of Dutch residents of 13 years and above suffered from depression. Furthermore it appears that many persons suffering from depression or anxiety complaints are reluctant to request professional help (Nemesis, 1997).

Research by Van der Horst (Nederlands tijdschrift voor Fysiotherapie, 2007) into the practice of primary physical therapy shows the following:

- 32% of all clients show somatisation
- 30% of all clients show distress-related symptoms
- 14 % of all clients show depression-related symptoms
- 6% of all clients suffer from an anxiety disorder

The most significant target group for the psychosomatic physical therapist are clients showing symptoms originating both in the health domain (directly linked to illness) and the personal domain (not directly linked to illness). Clients showing psychological pathology without physical complaints or limitations in motor performance are contra-indicated for interventions/support through psychosomatic physical therapy. Psychosomatic physical therapy distinguishes itself from general physical therapy in that the psychosomatic physical therapist provides insight in, and bases his interventions on, the complexities of the relation between motor performance and psychological performance, while taking the client's personal and social circumstances into account.

### 2.2 Complexity

The level of complexity is directly linked to the establishment of a therapeutic relationship. The psychosomatic physical therapist assesses the complexity of the therapeutic relationship and the extent to which a person can be treated. Psychosomatic physical therapy generally distinguishes four levels of complexity, each requiring an increasingly broad repertoire of competencies:

- Uncomplicated: The motor performance-related symptoms are found in a psychologically stable person who characterises his personal life as meaningful. There is potentially a sufficient level of self regulation with regards to the health or personal domain.
- Slightly complicated: Besides motor performance-related symptoms the client has several dysfunctional ideas on illness and/or behaviour during illness, potentially compounded by dysfunctional emotions with regards to the disorder and its implications. These dysfunctional ideas and emotions can be fairly easily corrected by providing information. The person in question is psychologically stable and finds he leads a meaningful life. The individual knows how to self regulate his life but does not deal with his health problem optimally as a result of incorrect ideas on illness and lack of information.
- Moderately complicated: the client shows motor performance-related symptoms. Several of his ideas on illness and/or behaviours displayed during illness are dysfunctional and persistent to such an extent that provision of basic information will not correct this. The implications of these health symptoms manifest themselves in various personal domains. In addition, individual characteristics such as low individual expectations, external locus of control, pessimism, neurosis etc. are in the way of recovery. An individual could also have personal problems that are not directly related to the disease, but do influence the potential to cope with the health problem. Take for example work, or relational or financial problems. Self regulation is insufficient, its potential reduced as a result of unfavourable individual characteristics. Self regulation is further hampered by additional personal problems. In this case stimulating self regulation requires a tailored approach conducting interventions that address both the biomedical components (health domain) and the more psychological or psychosocial components (personal domain). Provision of information as a sole intervention no longer suffices. Psychological coaching methods in combination with psychosomatic physical therapeutic interventions are active in nature and chosen strategically. The psychosomatic physical therapist needs to be competent in order to directly or indirectly influence (to a certain extent) above-mentioned recovery-blocking factors, or to at least be aware of them so that they disrupt the care process minimally. The psychosomatic physical therapist conducts specific interventions to treat this client group. Interventions aimed at behaviour, specific breathing and relaxation techniques, specific communication techniques and methods aimed at body-awareness and expressive movement therapy are important elements of the treatment. The treatment has a strong monodisciplinary character.
- Severely complicated: The client shows motor-related symptoms and clear dysfunctional opinions on illness, illness behaviour and emotions underlining the symptoms. Besides unfavourable personality characteristics (such as pessimism and external locus of control), there are signs of psychopathology in the sense of, for example, mood- or anxiety disorders, somatoform disorders and/or personality disorders. Substances abuse (alcohol, medication), for example, or traumatic events in the past or present can impact current performance. The health symptoms hold an important position in the client's life. Self regulation is very low. The client has (passively) accepted the problem and can't handle it. Potentially the client suffers from burn-out. Besides psychological tact (knowledge and skills) a psychosomatic physical therapist will need to have a certain attitude in order to build an adequate

care relationship with a client showing such complex symptoms. In addition, he needs to have the knowledge and skills to prevent further 'damage', to acknowledge the limitations of his domain and to be able to cooperate with others (often psychologists, psychiatrists, social workers, social-pedagogic workers, company doctors or GP's) in the care sector. The physiotherapeutic policy with regards to influencing the relation between these psychological factors and motor performance can be characterised as less active than in case of 'moderate complications'. Handling these serious recovery-obstructing factors effectively in order to shape the physiotherapeutic care process is more important than decreasing them - other care providers (psychologist, psychiatrist, social worker, social-pedagogic worker) will concentrate on this. However, the psychosomatic physical therapist can support the targets of these health practitioners, for example by offering breathing and relaxation techniques, body-awareness methods, expressive movement therapy, interactive massage techniques and mood-enhancing endurance training. The treatment has a strong multidisciplinary character. The complexity is furthermore determined by factors occurring in isolation or combination: multipathology, co morbidity, complexity of disorders, and/or environmental factors influencing the client. The multitude of problems requires the psychosomatic physical therapist to have insight in the development of problems and their most important recovery-obstructing elements. Additionally, he needs to understand the mutual dependency of these problems. On the basis of this he will prioritise the choice of interventions, distinguishing between PIP's (patient-related problems) en de NPIP's (non patient-related problems).

Whereas the domain of the general physical therapist ends with slightly complicated relationships, the domain of the psychosomatic physical therapist stretches up to moderately complicated and severely complicated relationships because of his more specialist knowledge and skills. The level of complexity determines the urgency of close cooperation with other care providers. The higher the level of complexity the more urgent referral and cooperation with other practitioners becomes. It is therefore important to have a clear understanding of the added value of the various practitioners in the care chain. This requires clear communication and cooperation between the various medical professionals, both on an inter- and multidisciplinary level.

The psychosomatic physical therapist moves in a dynamic field which complicates his performance. He bases his actions on scientific insights, guidelines developed in physical therapy and experience. The psychosomatic physical therapist is capable of translating results into specific wishes and needs of the client. He takes the client's problem as a point of departure and, while preserving his own professionalism, works according to the wishes of the client and his surroundings<sup>3</sup>. Simultaneously the research available with regards to clients showing a complexity level 3 and 4 is in its early stages. Developing guidelines and initiating scientific research is necessary to ensure evidenced based actions.

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<sup>3</sup> RB Haynes ea.(2002). Clinical expertise in the era of evidence based medicine and client choice. Evidence based medicine. 7;36-38

## 2.3

### Education

In order to keep up the required professional skills and practice, all registered psychosomatic physical therapists are expected to meet the educational standards required by the NFP and KNGF. In case of renewed registration one is expected to meet the requirements set forth by KNGF's Central Quality Register Policy Department (BOCK).

#### Educational column physical therapy 4

Within physical therapy an educational column has been developed showing two horizontal levels, that of Bachelor and Master. At the Masters level, distinction is made between Professional Master and Master of Science (see figure 1). This so-called BAMA-structure forms a coherent educational column in which the courses - both in content and didactics – have been adjusted to one another. As a result one can proceed from Bachelors level to either the Professional Master level in Higher Vocational Education (HBO) or to the Master of Science level in Higher Education (WO).

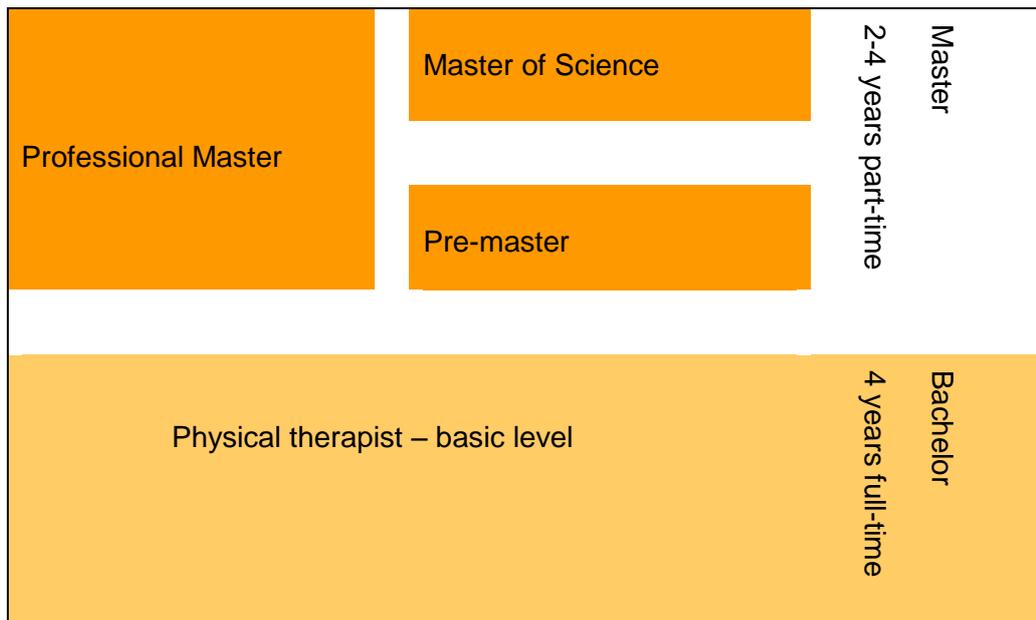


Figure 1: Educational column

The educational column for physical therapy offers a comprehensive and coherent system of courses. Physical therapists (BA) can proceed to various Masters Courses.

<sup>4</sup> Coppoolse, van Meeteren en Wittink: De Utrechts opleidingskolom Physical therapy. Interne notitie HU, 2005

Although the distinction is slightly more nuanced in reality, one can generally say that a Professional Master acquires in-depth knowledge and learns to apply his skills in the highly complex client care, whereas the Master of Science is trained in carrying out scientific research and developing new insights for the profession as such. The Professional Master course focuses on competencies required in running a high-level and innovative practice, whereas the Master of Science course focuses on scientific competencies required to substantiate and innovate the care practice.

Chapter 3 will look into the various roles of the Professional Master in Physical Therapy.

## 3 Roles & Professional Competencies

The previous chapters described the context in which the psychosomatic physical therapist operates. This chapter will discuss which “instruments” the psychosomatic physical therapist needs in order to operate at a Masters level in this particular domain. The competencies described in this chapter are based on the four roles a psychosomatic physical therapist takes on: that of specialist, professional innovator, advisor and professional leader.

### 3.1 Roles

The Professional Master in psychosomatic physical therapy is a specialist who, within the domain of psychosomatic therapy, is involved in highly complex client care. He supports his actions with the best available evidence and is simultaneously able to share and disseminate this expertise among direct colleagues.

The model described in this professional competency profile gives an insight into the relationship between the various roles. They can be distinguished from one another but not separated. On the one hand the role of specialist forms the basis for the other roles; on the other hand it is fed by them. The roles taken on by the psychosomatic physical therapist are::

- Specialist (focused on the client)
- Professional Leader (focused on the organisation)
- Professional Innovator (focused on the profession)
- Advisor (focused on colleague practitioners and other disciplines)

#### Specialist

The specialist uses his expertise in the diagnosis of, and when intervening in, highly complex client problems. In cooperation with the client and his surroundings the psychosomatic physical therapist pays attention both to treating the problem and providing support to those involved with the client. The care provided by the specialist is a joint effort towards the client and his surroundings, in which the specialist aims to meet the client's needs and expectations as well as professional standards. The specialist knows how to translate the preferably 'evidence based' specialist knowledge to the individual client. The essence of a specialist's role is to prepare, analyse, carry out, evaluate and adjust psychosomatic physiotherapeutic interventions, as well as to provide feedback to the referring practitioner in case of complex care. Direct access to a psychosomatic physiotherapist implies that the specialist screens and examines the client, and in case psychosomatic physiotherapeutic care is indicated he intervenes preventively or through therapy. In case of more complex care issues demanding multidisciplinary care the psychosomatic physical therapist's is expected to coordinate with other involved disciplines. The specialist cooperates closely with other disciplines in order to adapt preventive and information activities to the latest problem trends, and maintains contact with lobby groups and patient associations.

### **Professional innovator**

An individual's specific expertise is the basis for further professional innovation. Together with his colleague practitioner the psychosomatic physical therapist works on the development of the profession, for example by translating new insights into methods or directives, establishing protocols, giving presentations and participating in or leading innovation groups.

The role of professional innovator focuses on substantiating, improving and renewing the provision of care. Knowledge development forms the basis for innovation in the areas of interventions and methodology (evidence-based practice), ultimately resulting in an 'actualised' professional standard for this specialist domain in physical therapy. The Professional Master is no scientific researcher. He is however involved in the translation of knowledge (knowledge transition) into professional practice, and the implementation of knowledge in the individual work setting in particular.

The role of professional innovator centres on critically reflecting the value of various information sources and scientific findings, and judging the usefulness of these results to, and applying them in, professional practice.

New insights, legislation and developments with regards to the profession as such, society at large and health care are often difficult to apply in everyday practice. They require translation in standards, protocols and treatment methods in order to make them suitable for professional practice. A professional innovator focuses on exactly this. The introduction of a new treatment methodology, protocol or directive is systematically taken up by the professional innovator. Obtaining and keeping the support of colleague practitioners in related disciplines forms an important part of any implementation process. The Professional Master effectively contributes to professional innovation by participating individually in the realisation of directives, study groups of professional associations, experiments and projects and by publishing about his individual experiences (Case report and professional publications).

### **Professional leader**

The role of manager, as described in the competency profile for the Bachelor physical therapist, is given much emphasis in a Professional Master and may be better described as professional leadership. This role is not so much about the general practice as it is about acting as an innovation manager within the work setting. Being the expert in delivering substantiated complex client care to a specific category of clients, the psychosomatic physical therapist develops a certain authority which forms the basis for the role of professional leader.

Innovation of care makes up an important part of this role. Besides being capable of scientifically substantiating interventions, it requires competencies such innovation management in the individual work setting. Innovation processes are often difficult, and require a good understanding of processes of change and the ability to defend one's strategy, advise the management, work thematically and work together with colleagues.

In this role the psychosomatic physical therapist also assesses the quality of care and contributes to care policies within the organization. He signals developments such as new target groups and specific problems the department or organization is confronted with.

He manages multidisciplinary cooperation. The professional leader is the provider of all relevant information that may contribute to an adjustment of care policies.

### **Advisor**

In order to stimulate knowledge building, improvement of quality and promotion of expertise, the psychosomatic physical therapist uses his professional expertise and his didactic and counselling skills in different ways to stimulate professionalization. Depending on the specific aim, this role takes the shape of education, coaching, consultation or intervision.

- The psychosomatic physical therapist fulfils the role of advisor:
- Within the work organization with regards to (junior) colleagues;
- With regards to other professionals whom he deals with in and outside of the work organization;
- Within the profession with regards to colleagues, in activities such as intervision or practitioner testing and promotion of expertise.

Characteristic to coaching is helping others to clarify, learn how to solve or deal with problems by applying professional knowledge and counselling skills such as: listening, observing, stimulating, motivating and providing feedback, recognizing resistances and making them productive. All this aimed at improving the other person's performance.

The essence of education is to give people the opportunity to learn, or to systematically steer learning processes of individuals and groups aimed at a certain goal formulated by the pupil and advisor. There are various expertise building methods such as giving lectures, presentations, training etc.

One speaks of consultation when a colleague practitioner (belonging to one's own or another professional group) requests professional advice with regards to his clients. Typically the consultant himself does not have any responsibility towards concerned clients. Consultation may be more or less formalised.

In addition, the advisor uses his expertise to break in and support (junior) colleague practitioners, and provide consultation to other professionals. In a professional context he has a leading position in practitioner quality care (intercollegiate testing, quality circles, intervision) and supports colleagues in reflecting on the professional practice and solving problems.

### **Roles and competencies**

A systematic overview of roles and related competencies can be found in Annex 3. The figures shows the mutual dependency between competencies and the fact that not all psychosomatic physiotherapists have the same competencies and may excel in different roles. The competencies mentioned within each role are specified in the following paragraphs.

### 3.2 **Competency profile**

The psychosomatic physical therapist is expected to master the professional roles described hereafter. The competencies are expressed in one or two key words (label). The label is, in other words, a concise summary of the concerned competency. The role and label form the basis for a description of each competency thereafter. Every competency is written on a card.

The definition provides a concise description of the competency in question. The description describes the competency in more detail. The criteria finally are a tool to measure whether a certain level is mastered. A competency is considered mastered if it is applied effectively in a critical professional context.

#### **Competency construction**

In order to fulfil a role certain competencies are required. The competencies described in the domain of psychosomatic physical therapy give an indication of the professional level to which one is trained. Describing qualifications in the form of competencies goes back to business practice in the sixties. Competency profiles take up a key position in providing and evaluating the educational system. There are many definitions for the word competency, but at national level it was agreed to use certain formulations only. A competency generally describes a cluster of skills, knowledge, personality traits and attitudes which are effectively applied in various professional situations. In coherence with a report by the Ministry of Education, Culture and Science (van Merriënboer, 2002), this implies that the formulation of a competency should meet the following criteria:

- Lasting (stable in the middle-long term)
- Specific (clear and unambiguous)
- All-encompassing (integrates knowledge, skills and attitudes)

Criteria are also mentioned in the competency cards. They describe the educational level a graduating psychosomatic physical therapist is expected to meet. The competencies are lasting, whereas the criteria can change as a result of new developments in the profession or society at large.

### 3.3 **Competency cards**

#### **Preamble**

The competency cards show a number of recurring elements. They are integrated in the various roles taken on by the psychosomatic physical therapist. In order to improve the readability of the competency cards the elements are summarised below.

In general one can say that:

- Wherever there is mention of specialist in this competency profile this refers to the psychosomatic physical therapist.
- The psychosomatic physical therapist applies a methodical work method in all roles and communicates in clear language with all those concerned on his findings, proposals, interventions and results.

- The psychosomatic physical therapist reflects on his actions and the results booked through these continuously.
- The psychosomatic physical therapist places problems within the context of the various visions on interventions and developments in health care.
- All actions within all roles taken up by the psychosomatic physical therapist are based on best available evidence.

The psychosomatic physical therapist specialises in detecting and naming persistent factors obstructing recovery, making these visible to the client and intervening effectively. The psychosocial axis is explored next to the biomedical axis from the start.

The effectiveness of the treatment is in part determined by the attitude of the psychosomatic physical therapist in building a personal and quality relationship with the client. Many research papers describe the qualities of a successful therapist (Rogers 1954, Chambless 1990, Beutler 1994, Strupp 1994, Bandura 1968, Greenberg 1981, Kottler 1986)<sup>5</sup>.

They all mention characteristics such as warm, supportive, non-judgemental positive acceptance. These characteristics typify the psychosomatic physical therapist in his role of specialist, as well as in other roles.

Other aspects as described in chapter 1 are empathy, respect, congruence, ability to express, ability to tolerate extreme feelings, ability to let go of own norms, protective, friendly, warm, understanding and psychologically healthy. The psychosomatic physical therapist effectively uses himself as a therapeutic instrument during interventions/support (empathic reflection). The psychosomatic physical therapist has an attitude which focuses on psychological coaching and creating a familiar and safe environment, thus stimulating interaction. This interaction influences the relation between the health and personal domain.

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5. Greenberg, L.S., Goldfield, M.R, & Marmor, C. (1999). *Individual psychotherapy: process and outcome*. In: *Annual Review of psychology*. 41. 659-688.
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## Specialist

1

### Screening

#### Definition

Through specific questions, tests or other diagnostic actions the psychosomatic physical therapist determines within a set period of time whether there is question of a pattern of signs and/or symptoms which fall within the area of competence of the individual psychosomatic physical therapist<sup>6</sup>.

#### Description

Screening is a process through which the psychosomatic physical therapist decides whether further psychosomatic physiotherapeutic treatment is indicated. By means of specific questions, tests, or other diagnostic actions it is determined within a set period of time whether there is question of a pattern of signs and/or symptoms which fall within the area of competence of the psychosomatic physical therapist (KNGF, 2005).

In the screening phase the examination initially looks at red flags, pattern recognition and indications for psychosomatic physical therapy. Compared to the general physical therapist the screening process is more elaborate and takes up more time. In psychosomatic physical therapy presence of yellow flags precisely is an indication. In addition, the psychosomatic physiotherapist tests all occurring signs marked by blue and black flags. Within the profession of physical therapy the psychosomatic physical therapist stands out by means of this more elaborate screening. The standard 10-minute screening clearly does not suffice. The psychosomatic physical therapist carries out the full screening within the space of a setting.

If following the screening period it is decided that further psychosomatic physiotherapeutic research is useful, the same responsibility is in place as with a referral by a GP. Following a careful diagnostic process the psychosomatic physical therapist will have to decide whether or not there is an indication for (psychosomatic) physical therapy in the client. In case of doubt about the nature of the disorder or the non-specific character of the presented symptoms the GP will be consulted for advice. The psychosomatic physical therapist can potentially suggest referral of clients to another physical therapist or discipline.

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<sup>6</sup> Based on direct accessibility physical therapy, KNGF, 2005

## Criteria

### The psychosomatic physical therapist:

- Fulfils his role independently in a responsible manner with clients who make use of directly accessible situations
- Distinguishes between the presented problem and any potential implicit problem (Patient Identified Problems - PIP's- and Non Patient Identified problems -NPIP's-)
- Examines whether the client is motivated to actively participate in a psychosomatic physiotherapeutic treatment course
- Fulfils his role in a responsible manner, applying specialist knowledge in the psychosomatic domain and the clinical picture, symptoms, medical treatments and (para-) medical examinations linked to this.
- Poses relevant questions in order to identify 'red, yellow, purple, blue and black flags' using relevant measuring instruments
- Reaches a professionally justifiable conclusion with regard to 'OK/not OK' through pattern recognition
- Bases the screening conclusions on somatic, cognitive, emotional, behavioural, and social factors
- Informs, and requests advice from GP, medical specialists and other care givers
- Submits a written report within a week after the screening

## Specialist

2

### Diagnosis

#### Definition

On the basis of anamneses and diagnostic actions the psychosomatic physical therapist maps causal and recovery inducing psychosocial factors related to the client's motor performance and links these to the client's problem, after which he will draw up an intervention or prevention plan.

#### Description

On the basis of his specific expertise in the area of psychosomatic-related disorders the psychosomatic physical therapist makes an analysis and examination hypothesis which he tests through targeted anamnestic questions and diagnostic actions. The psychosomatic physical therapist makes a clear distinction between the anamnestic present status and the biographic anamnesis. During the anamnesis the psychosomatic physical therapist, on the basis of signs and/or symptoms, recognises the patterns and the specific level of complexity of the presented problem. During the examination the psychosomatic physical therapist uses his expertise in the validity and reliability of specific tests and measuring instruments. This allows for a quick and efficient diagnosis. The psychosomatic physical therapist involves somatic aspects, cognitive aspects, emotional aspects, behaviour and social environment in his diagnosis. The analysis of personal and environmental factors, together with the client's symptoms pattern, result in a description of the psychosomatic variables which can be treated. Those variables form the foundation on which the short- and long-term targets and sub-targets will be based. These targets are identified by the client himself together with the physical therapist. During the course these targets can be adjusted following experiences and new information in the therapist/client interaction. The final outcome is translated into a transparent and well-argued choice for intervention, referral or advice. It allows the psychosomatic therapist to refer more precisely to a GP or medical specialist, potentially with recommendations on follow up diagnosis. In the report writing audiovisual means are used alongside traditional reporting methods.

## **Criteria**

### **The psychosomatic physical therapist:**

#### ***Examination***

- Identifies the primary problem
- Makes a clear distinction in present status with the help of SCEGS (Soma Cognition Emotions Behaviour Social Environment) and/or the Thinking Feeling Doing model.
- Makes a clear distinction in biographic anamnesis with SCEGS and/or the Thinking Feeling Doing model.
- Operates in a responsible manner, making use of specialist knowledge in the psychosomatic domain and the clinical pictures, symptoms, medical treatments and (para) medical examinations linked to it.
- Tests the hypotheses on the relation between motor performance and personal and environmental factors, carries out additional examinations and interprets the results from these tests in a responsible manner
- Uses relevant tests
- Analyses, interprets and processes the additional (medical) examination data
- Requests additional information in case the tests and measuring instruments do not provide a satisfactory picture

#### ***Monitoring and Reporting***

- Classifies examination data in the terminology utilised by the ICF
- Uses specific tests and measuring instruments to objectify the results of the psychosomatic physiotherapeutic process

## Specialist

3

### Specifying and addressing the problem

#### Definition:

Through ongoing consultation with the client the psychosomatic physical therapist examines and specifies existing and potential problems in relation to the client's problem.

#### Description

The psychosomatic physical therapist specifies the client's problem and treatment targets, and places these in a framework of existing and potential problems related to motor performance by using examination data which are discussed with the client. It is typically a process of exploring for both parties, with special attention for resistances and awareness-raising in the client - it can progress fairly quickly but generally has a lengthy character. The process of specifying the problem and addressing it thus has an examination and a treatment side to it, with the psychosomatic physical therapist paying attention not only to what the client says, but also to the "hidden problem". (PIP and NPIP).

## Criteria

### The psychosomatic physical therapist:

- Makes an inventory of the problem in a psycho-social context
- Enquires after the problem, the meaning of the problem and the consequences for daily physical performance.
- Goes through specific questionnaires in order to determine the complexity of the problem
- Estimates the level of complexity on the basis of examination results
- Determines whether the health problem can be influenced by psychosomatic physiotherapeutic interventions
- Formulates psychosomatic physiotherapeutic objectives according to SMART<sup>7</sup> in consultation with the client
- Formulates short and long-term health and environmental implications and discusses these with the client.
- Makes the expectations of the therapist and client explicit on the basis of the referral
- Makes a clear distinction between problems observed by the therapist and those observed by the client.
- Assesses the motivation, brings the problem in conjunction with the client's expectations, and bases his therapeutic interventions on this.
- Writes an intervention plan and discusses this with the client and others involved, including changes if necessary
- Communicates using the correct terminology when referring a client to a GP/ other practitioners

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<sup>7</sup>

Specific, Quantifiable, Acceptable, Realistic, Quantifiable

## Specialist

4

### Intervention

#### Definition

The psychosomatic physical therapist works together (on an inter- and multidisciplinary level) with clients and/or client groups, carrying out therapeutic and preventive<sup>8</sup> interventions aimed at restoring optimal performance, evaluating continuously and reflecting on clinical signs, course of a treatment process and the quality of the therapeutic relationship.

#### Description

The intervention process may take place in (close) cooperation with other specialist physical therapists or related disciplines, depending on the level of complexity. Attention is given to preventing relapse (secondary prevention)<sup>9</sup> through specific psychosomatic physical therapeutic interventions and advice. Counselling methods often used in psychosomatic physical therapy are coaching, guidance, training and intervision. The psychosomatic physical therapist knows the implications of freely available medicine and psycho pharmaceuticals. The physical therapist, together with the client, reflects on the process, the client's behaviour with regards to guarding his personal boundaries and the therapeutic relationship. The psychosomatic physical therapist influences specific characteristics of the client's personal and environmental factors related to motor performance. The competencies are applied in the treatment of both groups and individuals:

- Physical interventions, such as body-expressive methods
- Relaxation and therapeutic breathing methods
- Communicative massage and communicative movement therapy
- Specific awareness methods
- Stress management
- Cognitive behavioural interventions
- Psycho-education
- Movement therapy, such as running therapy
- With group interventions the physical therapist is alert to group dynamic processes in interaction.

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<sup>8</sup> These competencies are concerned with secondary and tertiary prevention

<sup>9</sup> Primary prevention is discussed in the next competency card

### **The psychosomatic physical therapist:**

- Enters if necessary a relationship based on embodied dialogue
- Maintain and ends the relationship with the client in a responsible manner
- Recognises negative projection and counter-projection and uses transferral in a positive way
- Places the physical complaint in a psychosocial context
- Creates a safe therapeutic context
- Treats (strong) emotions in the client or in himself carefully
- Operates within his own and the client's boundaries
- Supervises group dynamic processes in a correct manner
- Recognises and verbalises non-verbal and expressive signals in the client
- Undertakes communicative cognitive interventions in coherence with physical interventions
- Determines the operating procedure, the time frame and strategy that fit the different phases of recovery, chooses interventions which have been adapted to the carriability, and formulates targets taking into account the client's wishes
- Applies his interventions in a methodical, appropriate, efficient and effective manner
- Chooses the appropriate interventions based on the best available evidence
- Determines the end level
- Determines moment to evaluate the chosen intervention as well as the means to do this, making use among other things of national or international guidelines
- Involves other disciplines in the process when needed

## Specialist

5

### Preventive intervention

#### Definition

The psychosomatic physical therapist provides information and advice on, and treats (individual) clients and client groups, focusing on health-improving behaviour within the domain of motor performance through activity and participation.

#### Description

Within the framework of primary prevention, the psychosomatic physical therapist conducts interventions to clients or groups of clients who have not been medically diagnosed or suffer from a health problem in the basic sense of the word. These interventions are generally focused on groups (information) or take place in a group context. The expectation is however that without intervention there is an increased chance for the development of psychosomatic related problems. The psychosomatic physical therapist draws up a psychosocial risk profile and health profile for the individual client or for the group.

The intervention primarily aims at advising the client on his behaviour in the domain of motor performance, necessary changes in life style or environment or on leading a certain life style in everyday life. Other interventions such as relaxation therapy, stress management or preventing loss of fitness can also be chosen. When choosing certain interventions attention is given to the client's personal and environment factors such as sports, hobbies, work and relationships. This all takes place in individual sessions or within a group.<sup>10</sup>

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<sup>10</sup> Secondary and tertiary prevention has been included in the competency therapeutic performance.

## Criteria

### The psychosomatic physical therapist:

- Provides information on recognising psychosocial factors which can influence motor performance in the target group on the basis of his expertise
- Conducts evidence-based interventions in a methodical manner, adapted to the carriability and specific characteristics of the client or client groups
- Draws up a health profile and makes a psychosocial risk analyse
- Ensures that the interventions are given a clear position within the care chain
- Ensures the intervention links up to earlier treatment or recovery courses
- Stimulates and provides information on the integration of health-stimulating behaviour in daily activities to such an extent that a structural change in behaviour is realised
- Participates in developments related to prevention (such as courses, training and multidisciplinary cooperation and consultation)
- Addresses both the individual client and client groups in his interventions and the provision of information
- Evaluates the booked success on the basis of health behaviour
- Revises aims if necessary
- Bases interventions on the best available evidence

## Specialist

6

### Support to parties involved (with client)

#### Definition

The psychosomatic physical therapist supports the parties involved with the client in such a way that all are aware of the implications of the disorder to the client and know how they can support and advice the client during the intervention process.

#### Description

The client is surrounded by people directly or indirect present who influence the client's way of dealing with his problem and treatment process. Think for example of family, children, partners and school. The client's recovery process can be influenced considerably, both in a negative and positive way, by those involved. The awareness, recognition, acknowledgement of, and acceptance by, the client's surroundings are the aims. To this end those involved are identified and informed during the treatment process. They learn to deal with the psychosomatic problems of the client, and contribute positively to the client's treatment through indicating personal boundaries and protecting oneself. The psychosomatic physical therapist works both with the client and his surroundings and translates is specialist diagnostic therapeutic and preventive repertoire in such a way that the surroundings, too, can support the treatment process effectively, responsibly and on the basis of best evidence. Involving the client's surroundings in a positive and active manner is done to give them an understanding of the recovery process and to increase social support which influences the treatment process in a positive way.

## Criteria

### De psychosomatic physical therapist:

- Initiates a meeting on the importance of the involvement of those surrounding the client in the process
- Informs them in understandable language about the diagnostic process and interventions taking place
- Explains about psychophysiology, which plays an important part in the client's process
- Informs the client's surroundings about the conclusions and prognosis and substantiates these with arguments taken from literature and stemming from his personal frame of reference
- Explains how those surrounding the client can support the therapeutic process
- Determines how often and in which context those surrounding the client can support the process
- Tests whether all understand what has been said
- Provides those surrounding the client with specific information about factors stimulating and factors obstructing recovery
- Conducts interventions in case of resistance or emotions

## Specialist

7

### Professional cooperation

#### Definition

Within the framework of client care the psychosomatic physical therapist works together with professionals on an inter- and multidisciplinary level

#### Description

In psychosomatic physical therapy the client's health and prognostic profile is the starting point for integral care. In order to respond to the problem adequately there will often be cooperation on a multidisciplinary level. Other professionals who may be involved are GP's, psychiatrists, psychologists, company doctors, other medical specialists and potentially other disciplines such as social workers, community nurses, oncologists and cardiologists. Each practitioner contributes professionally in drawing up and carrying out an integral care plan. Key is to complement each other and work together, and agreement on overlap between the various disciplines is important.

In his cooperation with others the specialist is well aware of professional possibilities and limitations. He is open to the input of others and treats these with respect, and he makes an effort to find common ground. He contributes specific knowledge and skills and translates these into useful information for the benefit of other professionals. The psychosomatic physical therapist may be involved in various consultation settings and brings the different interests in conjunction with his personal therapeutic goals. Also possible is that the psychosomatic physical therapist liaises with the client's work environment within the framework of prevention on the work floor. He can weigh his own goals and play a coordinating role, which may result in revising, delaying or abandoning an intervention for the benefit of a communal care plan.

## Criteria

### The psychosomatic physical therapist:

- Clarifies his actions to other disciplines in a transparent manner
- Explains in clear language the possibilities and limitations of his own profession to other disciplines
- Guards the SCEGS in a multidisciplinary cooperative
- Contributes verbally and in writing to a comprehensive treatment plan in which psychosomatic physical therapy forms a part of the Total treatment plan
- Gives feedback and is open to receive feedback in return
- Is prepared and capable of self reflection on personal and professional performance
- Plays a pro-active role in the care process within the multidisciplinary setting
- Acts as a case manager if required
- Initiates transfer of knowledge from psychosomatic physical therapy to others in the care chain

## Professional innovator

8

### Scientific validation of psychosomatic physiotherapeutic actions

#### Definition

The psychosomatic physical therapist substantiates his actions on the basis of “best available evidence”. The intervention connects the problem to best evidence and the experience of the physical therapist. In addition, the psychosomatic physical therapist bases his actions on existing knowledge and effects within other disciplines.

#### Description

The psychosomatic physical therapist increasingly bases his actions on scientific findings. He proves the effectiveness and efficiency of psychosomatic physiotherapeutic care and contributes to its further professionalization through specialisation, as well as knowledge building and implementation required within the field of psychosomatic physical therapy. The psychosomatic physical therapist places the scientific validation within a broader context of disciplines influencing psychosomatic physical therapy, such as medicine, medical psychology, psychiatry, motion science and social science.

#### Criteria

##### The psychosomatic physical therapist:

- Systematically looks for relevant and topical literature to be used in the treatment course or to answer specific questions
- Judges scientific research on its relevance to the professional practice
- Critically analyses, interprets and evaluates scientific professional literature
- Generates research hypotheses
- Provides accurate data for scientific research in accordance with agreed protocol
- Publishes scientifically validated case histories
- Publishes clinical implications of published scientific research
- Takes part in research-initiating (project)groups

## Professional innovator

9

### Professional innovation

#### Definition

The psychosomatic physical therapist implements and evaluates qualitative improvements within the rapidly changing context of the domain of psychosomatic physical therapy and contributes to the development of its professional practice.

#### Description

Because of rapid development in the field of technological, medical, psychological and physical methods there is a strong appeal to the psychosomatic physical therapist for flexibility and innovative insights.

The psychosomatic physical therapist increases the quality of care within the specialism and the related disciplines by cooperating in the scientific underpinning, preparation, implementation and evaluation of innovations (such as guidelines and methods, quotes on and implications of effects research, new klinimetrically validated instruments). The physical therapist will make an analysis of the starting Point, followed by a discrepancy analysis and will then implement the innovation methodically.

#### Criteria

##### The psychosomatic physical therapist:

- Gives presentations on professional performance with special attention for integration of (scientific) insights, theories, concepts, social developments, ethical issues and research results from related disciplines
- Passes on knowledge and skills using own therapeutic expertise, to such an extent that others revise their behaviour
- Contributes actively to scientific research into and underpinning of professional performance
- Contributes to the development of new procedures and problem solving strategies in the analysis of, and intervention into, health problems
- Systematically collects information on professional practice and results of psychosomatic physical therapeutic interventions and translates this into advice on professional performance

## Professional Leader

10

### Managing innovation processes

#### Definition

The psychosomatic physical therapist improves the quality of direct care by taking the initiative and managing the preparation, implementation, evaluation and safeguard of (scientifically) substantiated care innovations within his personal operational setting.

#### Description

The psychosomatic physical therapist is sensitive to future developments due to his professional expertise. He uses his expertise to initiate important developments, and to motivate and convince colleagues. In addition, the psychosomatic physical therapist builds bridges between social developments and the work floor, and between available evidence and effectively taking action. The psychosomatic physical therapist leads innovation and implementation courses aimed at optimizing client care in the organisation he works for. His role results in changed behaviour in colleagues and an improvement in client care.

#### Criteria

##### The psychosomatic physical therapist:

- Identifies opportunities for psychosomatic physical therapy within the dynamic of the organisation
- Makes an inventory of stakeholders in the process
- Makes an inventory of problems which helps to develop, position and profile psychosomatic physical therapy
- Translates new (social) developments into innovation plans
- Uses relevant/recent theoretical ideas, concepts and theories and confronts departments and colleagues with new developments in the professional field
- Develops expertise and skills with regards to initiating, designing and implementing innovations
- Weighs, values and integrates new information in personal practice, on the level of professional innovation and policy development
- Initiate activities aimed at the establishment of integral care
- Steers changes and innovations in direct client care, as well as existing core problems within the specialisation
- Manages innovative projects

## Professional Leader

11

### Steering professional cooperation

#### Definition

Professionally manages a mono or multidisciplinary team within an organisation or care-providing chain with the aim to improve the intrinsic and organisational quality of care and implement relevant scientific evidence and innovations.

#### Description

In an organisation or care chain, in which various disciplines work together to provide optimal care to the client, a psychosomatic physical therapist may have a leading role. In a multidisciplinary context this role is not automatically reserved for the psychosomatic physical therapist, but he will take it on if required. Meetings on improving the organisation or quality of care are led by the psychosomatic physical therapist. He manages a multidisciplinary team, communicating and convincing its members in a stimulating manner. The psychosomatic physical therapist agrees with others on the approach to be followed with a specific client or ideas and changes with regards to the future strategies.

#### Criteria

##### The psychosomatic physical therapist:

- Initiates activities aimed at the establishment of integral care
- Manages a multidisciplinary team with the aim of improving the recovery process or care processes
- Steers changes and innovations in direct client care
- Contributes to the development and steering of the department en institution's treatment policy, as well as to the development of policy papers

## Advisor

12

### Expertise building

#### Definition

The psychosomatic physical therapist builds the expertise of colleague practitioners within and outside their discipline in order to improve care to individual clients and client groups.

#### Description

The psychosomatic physical therapist teaches others (physical therapists and colleagues from other disciplines) by systematically informing them on care themes and themes transcending care in order to optimise the therapeutic relation of the psychosomatic physiotherapist. These lessons are given both individually and in groups, within and outside his organisation. He uses his professional knowledge in combination with presentation techniques, didactical and relational skills in a methodical manner in order to raise awareness build expertise. The aim of expertise building is to contribute to improving the quality of his colleagues' professional practice.

#### Criteria

##### The psychosomatic physical therapist:

- Is transparent through feedback information of own professional performance
- Is competent and comes across as confident
- Presents and provides information on care and care-transcending processes
- Informs colleagues of professionally relevant literature
- Presents expertise, skills, attitudes and ethics in the domain of psychosomatic physical therapy to colleagues
- Keeps abreast of developments in the field of psychosomatic physical therapy and discusses these with colleagues (think for example of diagnostic means, new interventions)
- Organises presentations for colleagues and other disciplines on specific professional performance in the field of psychosomatic physical therapy

## Advisor

13

### Coaching colleague practitioners

#### Definition

The psychosomatic physical therapist coaches colleague practitioners in order to improve their professional performance towards clients.

#### Description

The psychosomatic physical therapist trains professional colleagues in clarifying and learning how to solve or handle problems by applying one's professional expertise. The method used for this is called intervention. The psychosomatic physical therapist is asked to do this as he is trained to use specialist expertise, insight and experience in client problems, as well as the multidisciplinary treatment. The psychosomatic physical therapist uses training skills such as: listening, observing, stimulating, motivating, providing feedback, recognising resistances and making these productive, with the aim of improving other psychosomatic physical therapists' performance. In addition, he has sufficient didactical skills to transmit expertise, attitudes and relational skills to colleagues.

#### Criteria

##### The psychosomatic physical therapist:

- Assists colleagues to formulate the essence of his question or problem
- Reflects on professional performance assessing its effectiveness and efficiency within the framework of quality care
- Offers support to colleagues with less expertise within the domain of psychosomatic physical therapy
- Trains psychosomatic physical therapists in learning in establishing successful therapeutic relationships
- Trains psychosomatic physical therapist in learning to watch their personal boundaries
- Helps colleague practitioners to recognise various complexity levels

## Advisor

14

### Consultation

#### Definition

The psychosomatic physical therapist provides consultation to colleague practitioners or other professionals with questions on direct client care.

#### Description

Due to his expertise a psychosomatic physical therapist will be consulted by colleagues from his own or related disciplines. The specialist acts as a sounding board due to his broad expertise and confidence others have in him. The psychosomatic physical therapist is open to questions of colleagues and offers colleagues space to discuss complex situations, co-morbidity, or ethical dilemmas springing from their role as care giver. The specialist assists colleagues in improving their competencies in a broad sense. The consultant gives advice but holds no personal responsibility for the concerned client care<sup>11</sup>.

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<sup>11</sup>

This is mentioned as performance description NZA (Fysionet). The one-off physical therapeutic examination aims at generating additional information for diagnostic prognostic purposes in view of the treatment policy and physical therapeutic possibilities/limitations.

A client can be charged for a one-off physical therapeutic examination (medically indicated) only in case the following conditions are met:

- The practitioner referring the case submitted a specific written request for a one-off examination;
- The care provider issued a written report to the practitioner

## Criteria

### The psychosomatic physical therapist:

- Clarifies the consultation profile and advises within his own domain
- Determines the SCEGS through careful examination and draws up a hypothesis
- Gives feedback to the person asking for advice
- Changes his personal opinion and advice to fit colleague's core question, showing him due respect.
- Advises which change in activities lies within the client's possibilities in the short and long term
- Assesses the client's problem, his health and psychosocial profile using his specific expertise
- Carries out specific tests if necessary
- Suggests a specific intervention based on his findings and considerations
- Coaches colleagues on observation, visible signs, carriability within the context of a certain prognosis
- Gives advice with regards to contra-indications, negative signals and consultation criteria of other professionals
- Reflects on ethical dilemmas faced by colleagues, such as decisions that oppose a client's wish or expectations



## annex 1 Overview specialist associations of the Royal Dutch Society for Physical Therapy (KNGF)

Type of Association	Abbreviation
Dutch Association for Manual Therapy (Nederlandse Vereniging voor Manuele Therapie) <a href="http://www.nvmt.nl">www.nvmt.nl</a>	<b>NVMT</b>
Dutch Association for Physical Therapy in Geriatrics (Nederlandse Vereniging voor Fysiotherapie in de Geriatrie) <a href="http://www.nvfgnet.nl">www.nvfgnet.nl</a>	<b>NVFG</b>
Dutch Association for Physical Therapy in Pelvic Physical Therapy and Pre- and Post-natal Health Care (Nederlandse Vereniging voor Fysiotherapie bij Bekkenproblematiek en pre- en postpartum gezondheidszorg) <a href="http://www.nvfb.nl">www.nvfb.nl</a>	<b>NVFB</b>
Dutch Association for Physiotherapy in Paediatric Health Care (Nederlandse Vereniging voor Fysiotherapie in de Kinder- en Jeugdgezondheidszorg) <a href="http://www.nvfk.nl">www.nvfk.nl</a>	<b>NVFK</b>
Dutch Association for Orofacial Physical Therapy (Nederlandse Vereniging voor Fysiotherapeuten in de Tandheelkunde) <a href="http://www.nvft.nl">www.nvft.nl</a>	<b>NVOF</b>
Dutch Association of Physical Therapists in Heart and Vascular Diseases (Nederlandse Vereniging voor Fysiotherapie bij Hart- en Vaatziekten) <a href="http://www.nvfh.nl">www.nvfh.nl</a>	<b>NVFH</b>

<p>Dutch Association for Psychosomatic Physical Therapy (Nederlandse Vereniging voor Fysiotherapie volgens de Psychosomatiek)  <a href="http://www.kngf-nfp.nl">www.kngf-nfp.nl</a></p>	<p><b>NFP</b></p>
<p>Dutch Association for Sports Physiotherapy (Nederlandse Vereniging voor Fysiotherapie in de Sportgezondheidszorg)  <a href="http://www.nvfs.nl">www.nvfs.nl</a></p>	<p><b>NVFS</b></p>
<p>Dutch Association for Physiotherapy in Lymphology (Nederlandse Vereniging voor Fysiotherapie binnen de Lymfologie)  <a href="http://www.nvfl.nl">www.nvfl.nl</a></p>	<p><b>NVFL</b></p>

## Annex 2 Dublin requirements

**A Master is expected to meet the following so-called ‘Dublin requirements’ (source: NVAO, February 200312):**

### *Expertise and insight*

Has demonstrable expertise and insight surpassing and/or broadening the expertise at Bachelor level. Is in addition capable of making original contributions to the development and/or implementation of ideas, often in a research context.

### *Application of expertise and insight*

Is capable of applying expertise, insight and problem solving skills in new or unknown circumstances within a broader (multidisciplinary) context related to the field of study; is capable of integrating knowledge and handling complex subject matter.

### *Formation of judgement*

Is capable of formulating opinions on the basis of incomplete or limited

information, taking into account social and ethical responsibilities that come with the implementation of one’s individual knowledge and viewpoints

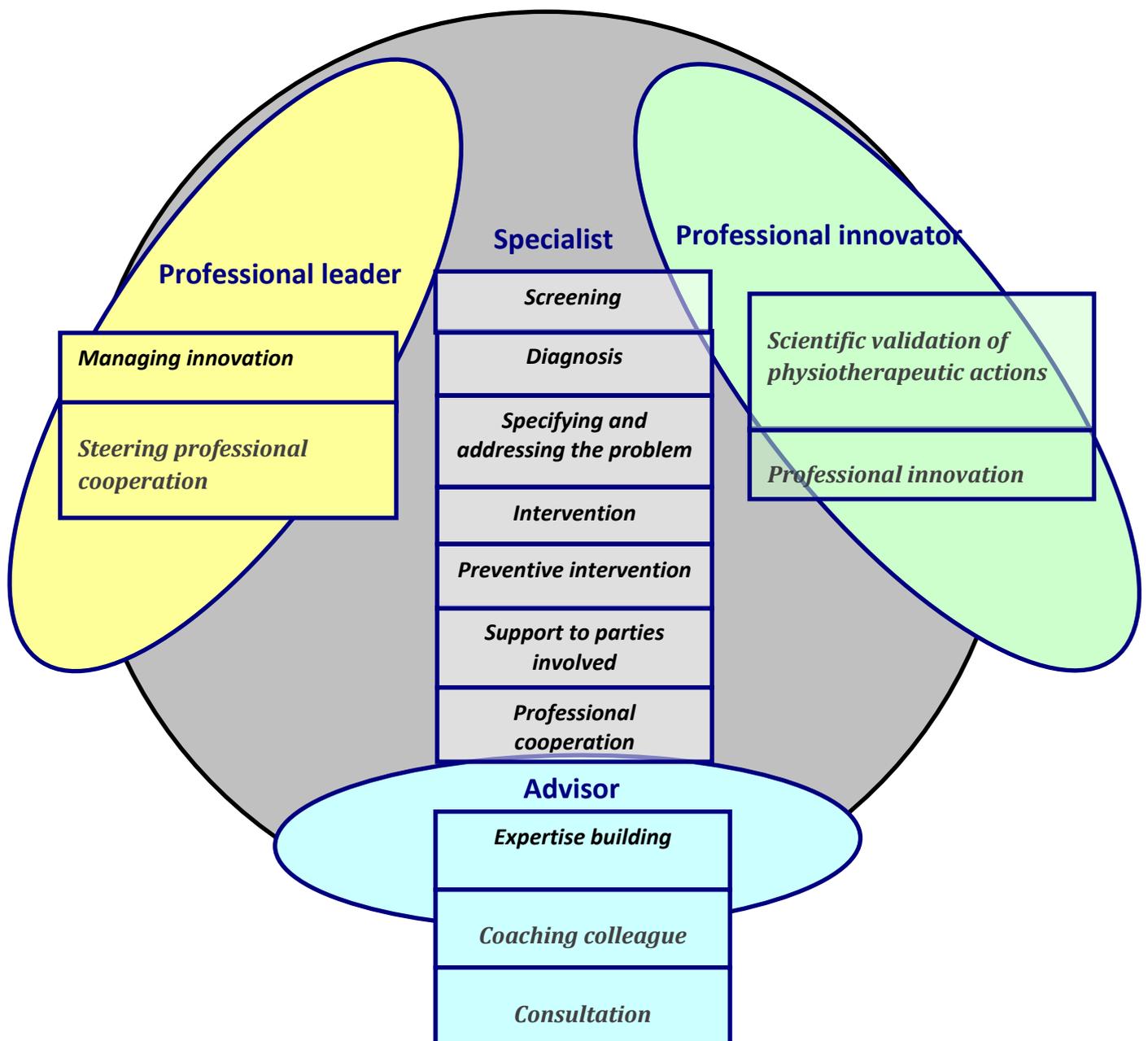
### *Communication*

Is capable of clearly and unambiguously communicating conclusions, and the expertise, motivations and considerations from which they spring, to an audience of specialists or non-specialists

### *Intellectual skills*

Possesses the intellectual skills necessary to take up a follow-up study with a largely autonomous character

## Annex 3 Annex 3 roles and competencies of the psychosomatic physical therapist





**de Fysiotherapeut**

Dutch Association for Psychosomatic Physical Therapy

Nederlandse Vereniging voor Fysiotherapie volgens de Psychosomatiek (NFP) /  
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