Introduction by the Series Editor

Although admittedly diverse with regard to concepts and techniques, orthopaedic manual therapy (OMT) has never been the unique domain of any single profession. Whether by way of interprofessional cooperation, adoption of techniques and concepts developed within one profession by others active in this field, or at times through true parallel development, OMT clinicians will agree that current-day OMT consists of an amalgam of concepts and techniques stemming from varied professions including but not limited to physical therapy, manual medicine, osteopathy, chiropractic, massage therapy, and athletic training. Perhaps nowhere is this confluence of professional contributions more evident than in the unique system of OMT diagnosis and management developed in The Netherlands, the diagnostic component of which is presented in this textbook.

Although preceded by developments in Sweden, where physical therapy started as a direct-access, university-educated profession in 1813, when Ling founded the *Kungliga Gymnastiska Centralinstitutet* or Royal Central Institute for Gymnastics in Stockholm (Ottoson, 2005), Dutch physical therapists were among the first in western Europe to establish a professional association, the *Genootschap ter Beoefening van de Heilgymnastiek in Nederland,* or Society for Practicing Remedial Gymnastics in The Netherlands in 1889. This was closely followed by a standardized national entry-level examination (Terlouw, 2007). Heavily influenced by developments in Germany, Sweden, but also within The Netherlands itself, from its very beginning OMT—albeit in a now likely considered unsophisticated form—always was part of the diagnostic and management options within physical therapy in The Netherlands (Kellgren, 1890; Terlouw, 2007).

In the 1960s, OMT in The Netherlands received a unique infusion of new ideas with the concepts developed by Van der Bijl, Sr. (1909–1977), a Dutch-trained physical therapist and French-trained osteopath, who opened the first postgraduate institute for education in manual therapy in Utrecht in 1964. In 1967, the engineer Philips, founder of the international electronics manufacturing company—impressed with the chiropractic care he had received while in New Zealand—invited a chiropractor, Pheleps, to The Netherlands to teach in a school of manual medicine in Eindhoven. This school was later divided into separate training institutes for physicians and physical therapists; the latter was called the *Stichting Opleiding Manuele Therapie* (SOMT) or Manual Therapy Training Foundation (www.somt.nl), for which this text was initially developed as a training manual in 1983. Other influential figures within Dutch OMT were physical therapist Marsman (1918–1992) and physician Sickesz (1923), who developed variants on the Van der Bijl method named the Marsman method and orthomanual medicine. The establishment of separate training institutes for the Nordic and Maitland systems and the development of the first graduate program in manual therapy at the Free University of Brussels further illustrated the diversity of OMT in The Netherlands.

Also influential within Dutch OMT were the postwar developments in Germany. With chiropractic adjudicated there to the medical domain, chiropractors Peper and Sandberg were instrumental in the establishment of the *Forschungs- und Arbeitsgemeinschaft für Chiropraktik* in 1953. In 1955, a second OMT institute that exclusively trained medical physicians opened under the direction of the physician Sell in Isny. Indicating the acceptance within the medical world unlike the situation in, for example, the

United States at this time, university chairs in manual medicine followed in the neurology department at the University of Graz in Austria and in the orthopaedic department at the University of Münster in Germany.

OMT had its early roots in developments in Sweden, Germany, and The Netherlands in the early to late 19th century. Influences from chiropractic, French and English osteopathy, and German and English manual medicine further added to its development, as did concepts and techniques developed by Dutch therapists and physicians. Early authority- and experience-based knowledge was supplemented as of the 1990s by an active research program in OMT, perhaps best exemplified by and discussed by Oostendorp (2007), and also illustrated by the professional master's degree now offered at SOMT. However, because of language barriers most of this knowledge and the unique concepts and techniques developed within this comprehensive system of diagnosis and management until now has not been available to English-language OMT clinicians. It is my hope and expectation that this book will find a welcome reception in both entry-level and postgraduate programs in OMT in the varied professions active in this field.

Peter A. Huijbregts, PT, MSc, MHSc, DPT, OCS,
MTC, FAAOMPT, FCAMT
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