

March 27, 2025
9am CET



International Organization of
Physical Therapy in Mental Health



**World
Physiotherapy**
SUBGROUP

*We start shortly at **09:00 am CET***

THURSDAY, MARCH 27th, 2025



**THE CLINICAL PRACTICE COMMITTEE OF THE IOPTMH INVITES YOU
TO OUR SERIES OF CONFERENCES AND ACTIVITIES OF 2025!**



International Organization of
Physical Therapy in Mental Health

WEBINAR

Time: Thursday, March 27th, 9:00h (CET, Belgium time)
16:00h Perth, 19:00 h Sydney, 17:00h Japan,
16:00h Hong Kong, 8:00h United Kingdom.

Duration: 25 minutes per presentation
with 10 minutes discussion and questions

EATING DISORDERS



MICHEL PROBST PHD, PT

MOVING BEYOND LIMITS: PHYSIOTHERAPY AS A TOOL IN EATING DISORDER TREATMENT

Professor emeritus at KU Leuven's Department of Rehabilitation Sciences, Belgium. Past president of IOPTMH. For 40 years, he worked as a physiotherapist in an eating disorder unit, where he developed a specialized physiotherapy program for patients with eating disorders.



SALLY PARTINGTON

THE HIDDEN CONDITION: RECOGNISING EATING DISORDERS IN CLINICAL PRACTICE

Senior Physiotherapist with extensive experience supporting individuals with eating disorders. She works part-time at Perth Children's Hospital in the Eating Disorder Service and at the Esus Centre, Australia's first integrated eating disorder day hospital.



FREE REGISTRATION: <https://bit.ly/ioptmh> | CONTACT: ioptmh.info@gmail.com



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Welcome

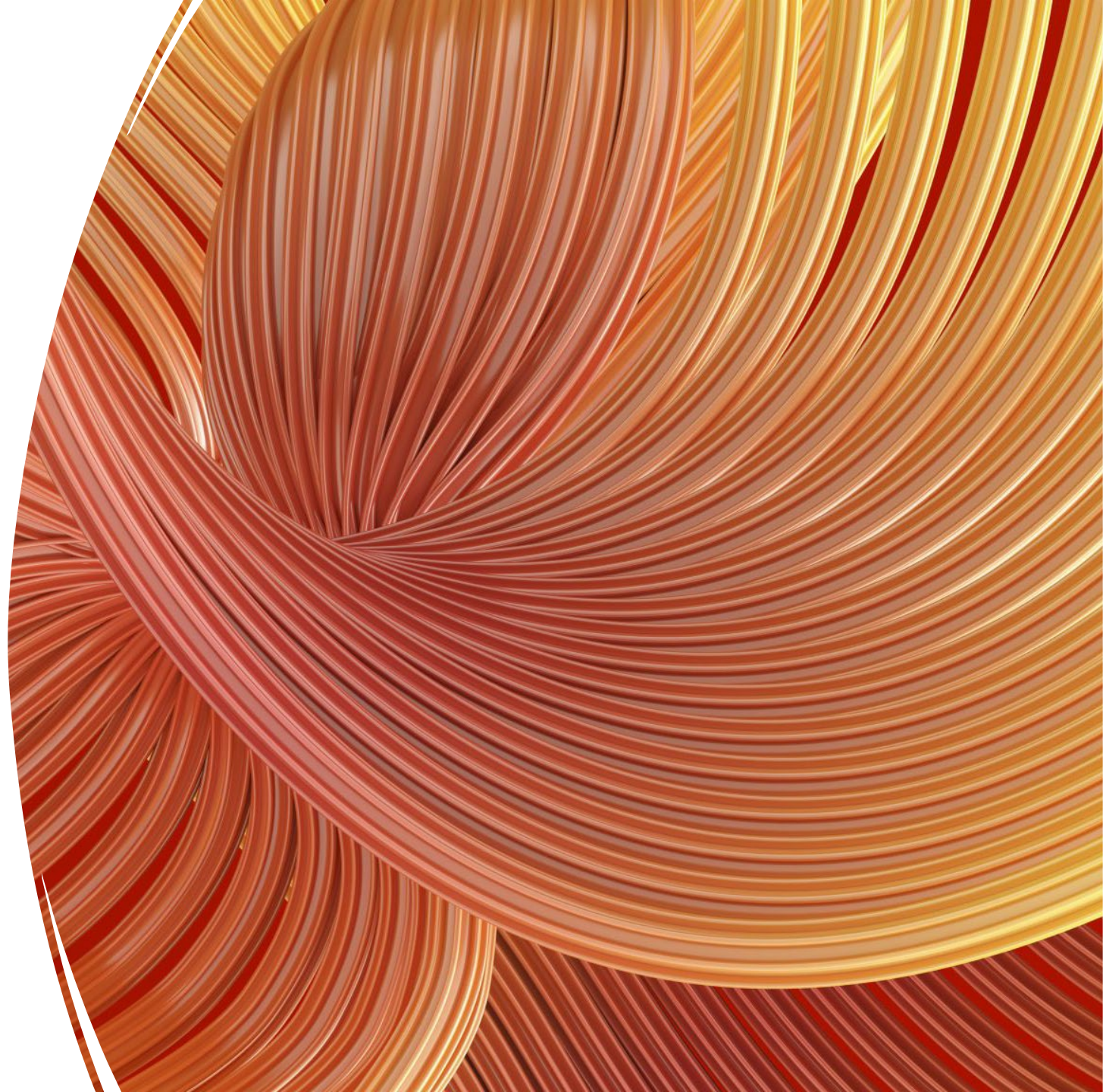
Ellen Lake

Vice-President of IOPTMH

Acknowledgement of Country

We acknowledge and pay our respects to the original custodians of the land we meet on today , and their Elders past, present and emerging.

We acknowledge and respect the continuing culture, strength and resilience of all Aboriginal and Torres Strait Islander peoples and communities.



Acknowledgement of Lived Experience

We acknowledge the individual and collective expertise of those with a lived and living experience of mental ill-health and suicide, and those who love, have loved and care for them.

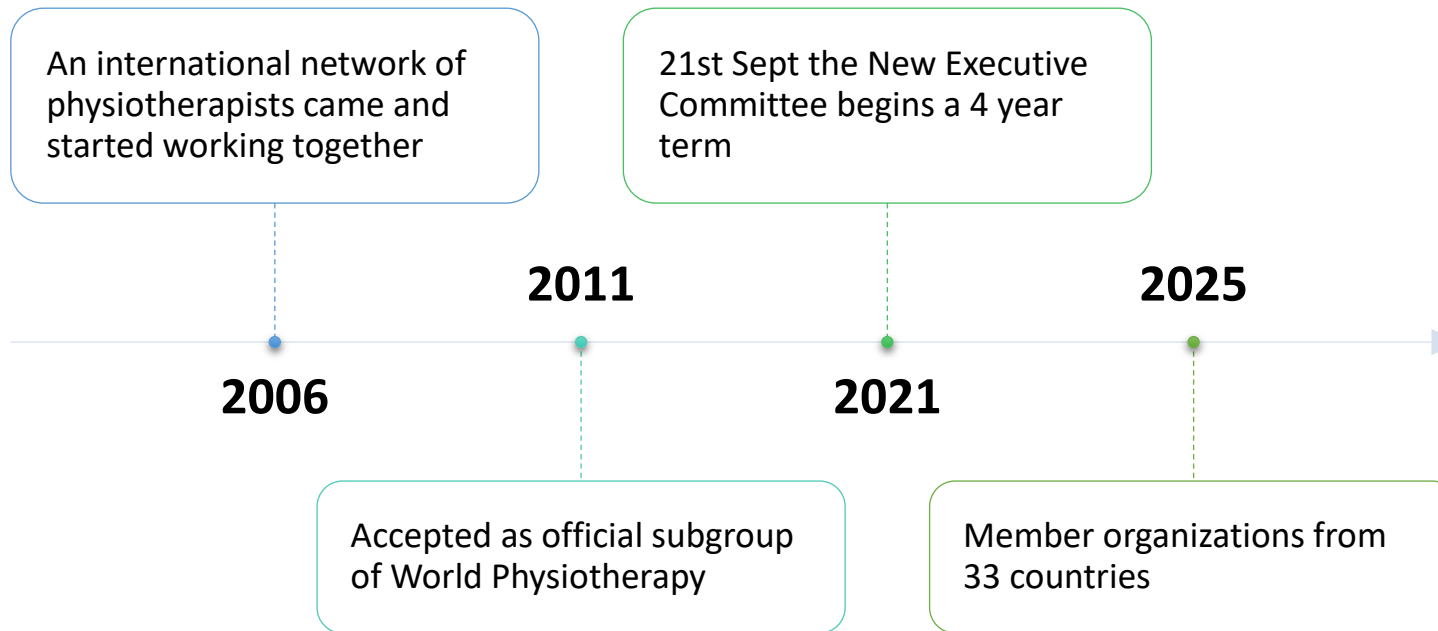


IOPTMH <https://www.ioptmh.org>

International Organization of Physical Therapy in Mental Health



International Organization of
Physical Therapy in Mental Health

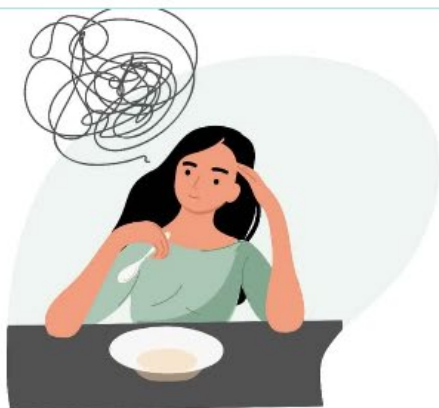


**World
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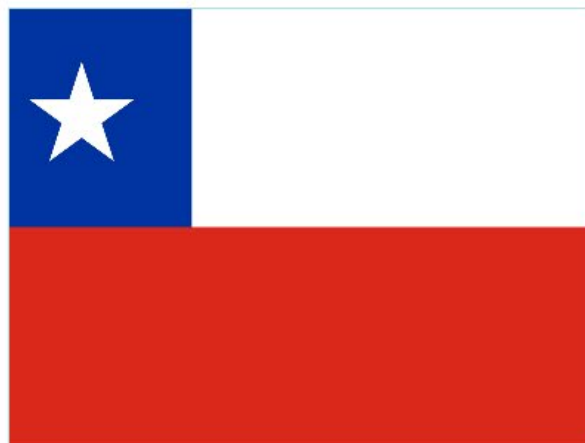


Latest news

[All the news >](#)



**Webinar: Eating disorders
and physiotherapy.**
Thursday 27 March 9 AM



**Chile to host the 11th
IOPTMH International
Conference in 2026**



**Tanzania joins the
IOPTMH, expanding global
mental health**

Activities



COMMITTEE FOR EDUCATION



COMMITTEE FOR CLINICAL
PRACTICE



COMMITTEE FOR RESEARCH



COMMITTEE FOR
COMMUNICATION &
INSTITUTIONAL RELATIONS

Events

INTERNATIONAL CONFERENCE CHILE 2026

WORLD PHYSIOTHERAPY CONGRESS TOKYO
MAY 2025

WEBINARS, TRAININGS, SUMMER SCHOOL

RESEARCH ACTIVITIES

PUBLIC CAMPAIGNS



Participants profile

375
registrations

29 countries



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Michel Probst

Michel Probst, PhD, PT, is professor emeritus at KU Leuven's Department of Rehabilitation Sciences, Belgium, research unit "Rehabilitation Sciences in Mental Health Care".

He is the founder and past president (2006–2021) of the International Organization of Physical Therapy in Mental Health (IOPTMH).

For 40 years, he worked as a physiotherapist in an eating disorder unit, where he developed a specialized physiotherapy program for patients with eating disorders. In 1997, he earned his PhD with a dissertation titled *"Body Experience in Eating Disorders."* His research focuses on advancing physiotherapy for individuals with mental health disorders.



Sally Partington

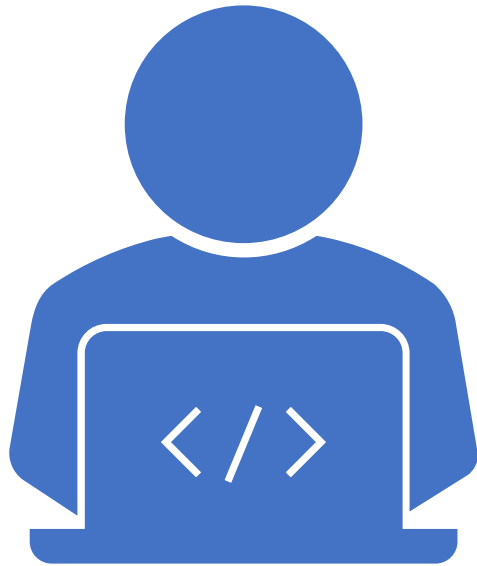
Sally Partington is a Senior Physiotherapist with extensive experience supporting individuals with eating disorders.

She works part-time at Perth Children's Hospital in the Eating Disorder Service and at the Esus Centre, Australia's first integrated eating disorder day hospital.

Previously, Sally founded a private practice focused on outpatient care for eating disorder recovery. With the increasing prevalence of eating disorders, she is passionate about raising awareness and highlighting the critical role physiotherapists play in supporting recovery.



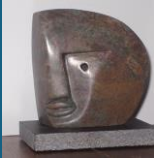
Summary: The Hidden Condition



- Resources / Further learning:
- Databases to find eating disorder professionals, eg GP [butterfly foundation](#), InsideOut Treatment Services Database
- InsideOut also has numerous resources, a directory for health professionals, and trainings (<https://insideoutinstitute.org.au/>)
-
- Brief Summary:
- Eating disorders are often hidden in plain sight and do not fit a single stereotype. Many individuals living with these conditions do not present in the way media or outdated clinical assumptions may suggest. As physiotherapists, we frequently see patients presenting with musculoskeletal concerns, or other symptoms and the underlying mechanism or causative/contributing factor is an eating disorder.
- Physios are well-positioned to recognise eating disorders and it is important to screen and consider eating disorders as a differential diagnosis.
- Recognising that these conditions affect individuals of all body sizes, genders, and ages is crucial.
-
- By reflecting on our own biases and utilising our diagnostic skills, we can create a more supportive and informed approach to patient care. Our words and awareness can be life-changing, and physiotherapists have the potential to be key allies in early detection and intervention.

KU LEUVEN

"Moving Beyond Limits: Physiotherapy as a Tool in Eating Disorder Treatment"



Prof. em, Michel Probst, PT, PMT, PhD,
KU Leuven, Department of Rehabilitation Sciences, Belgium
Founder & past-president of the "International Organization of Physical
Therapists in Mental Health" (IOPTMH, WCPT-subgroup)

1

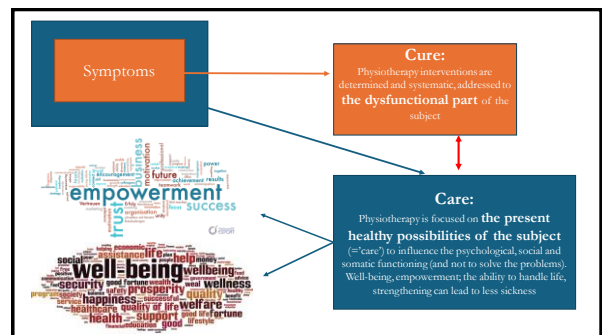


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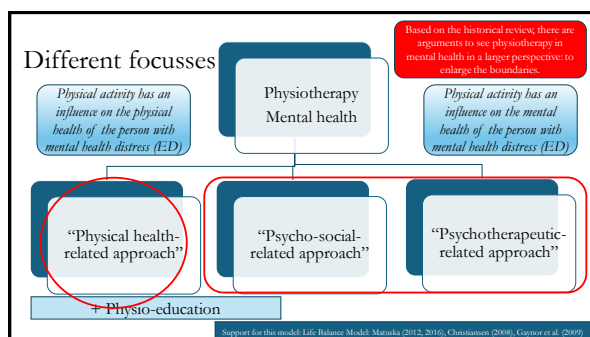
What is physiotherapy in the field of eating disorders?

- "The core of physiotherapy for eating, weight, body image and trauma related disorders is to optimize wellbeing and empowering the individual by promoting physical activity, exercise, sensory, body and movement awareness and functional movement bringing together physical and mental aspects".

3



4

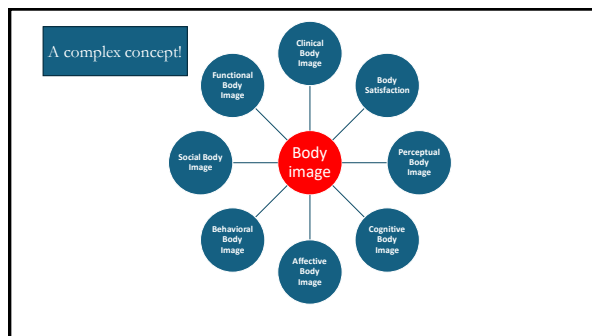


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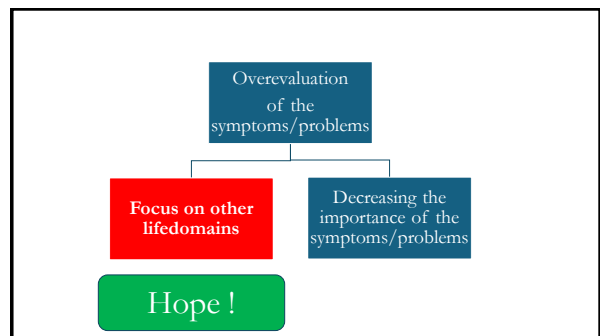
Cornerstones for physiotherapy therapy

- Somatic and musculoskeletal problems
- Body image concerns
- Dysfunctional physical activity and exercise

6



7




9



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The hand

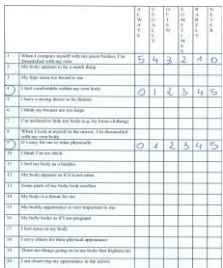


Thumb	What are my talents, my competences, my positive characteristics....?
Index	Which direction do I want to go out with my life? What do I want to achieve?
Middle finger	What is getting on my nerves?
Ring finger	What are my principles, I am dedicated to? What is important in my life?
Little finger	When do I feel unsure?
High five	I am proud on what I realise in my life.

12

The Body Attitude Questionnaire


- 20 items 6-point scale
- Norms for clinical and non-clinical groups; males / females
- Min: 0; Maximum 100
- Factor structure
 - a. negative appreciation body scope
 - b. lack of familiarity
 - c. dissatisfaction concerning the prevention
 - d. rest factor
- Reliability: intern consistency, test-retest- split half
- Validity: construct & criterion validity
- Cut-off scores
- Translated & validity in different languages



Probst, M., Vandereycken, W., et al. (1995). Eating Disorders, 3, 133-145.
Probst, M., et al. (2008). International Journal of Eating Disorders, 41 (7), 657-665.

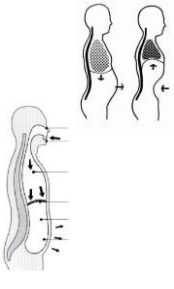
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Posture



- As consequences of extreme and prolonged weight loss different complaints about defects and deformities of the trunk and posture problems arise
- Scoliosis, lumbar lordosis and kyphosis, wing stand shoulder blades.
- During recovery : attention for posture and balance of the strength of the various hypo- and hypertonic muscle groups
- Relation between posture and self esteem


14



Breathing exercises

- Especially those aimed at a lowering respiration frequency, amplifying abdominal respiration, and lengthening expiration - are often included in relaxation training.
- *The objective is not just to regulate respiration, it also facilitates learning how to sense one's own body.*


15



Relaxation exercises

- Relaxation of Bernstein & Berkovec, based on the progressive relaxation
- Autogenous training
- Tai chi
- Massage
- Yoga
- Mindfulness
- Method of Fuchs

16



Self-, Sensory-, Body-, Movement Awareness

Pilates

Qi Gong

Mindfulness

- "Body awareness is the ability to pay attention to ourselves to feel our sensations and movements online, along with the motivational and emotional feelings that accompany them in the present moment, without the mediating influence of judgmental thoughts". (Fogel 2009)
- Focus: external and internal support, touch, power, balance, Stretching – tension – relaxation, rhythms,

17

Competition between therapeutic techniques



Now, there is no single treatment that stands head and shoulders above it. *Body awareness is not a magic pill.*

18

Received: 3 May 2022 | Revised: 1 June 2022 | Accepted: 28 August 2022
DOI: 10.1002/psp.1275

WILEY

REVIEW

Efficacy of basic body awareness therapy on functional outcomes: A systematic review and meta-analysis of randomized controlled trials

Davy Vancampfort^{1,2} | Emanuel Brunner^{1,3,4} | Tine Van Damme^{1,2} | Brendon Stubbs^{1,4}

Physiother Res Int, 2023, 28(1)

Conclusions: Physiotherapists should be cautious in adopting BBAT, noting there is no high-quality evidence to support its use to improve functionality and QoL in patients with mental health problems and/or long-lasting conditions

Abstract: Basic body awareness therapy within physiotherapy: More clarity about its core concepts and more scientific evidence is needed

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HHS Public Access
Psychiatry Research: Neuroimaging
Volume 355, Issues 2, September 2022, Page 28-36

Mindfulness practice leads to increases in regional brain gray matter density

Paula L. Doherty^{1,2}, A. M. Anna Cavanagh^{1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61,62,63,64,65,66,67,68,69,70,71,72,73,74,75,76,77,78,79,80,81,82,83,84,85,86,87,88,89,90,91,92,93,94,95,96,97,98,99,100,101,102,103,104,105,106,107,108,109,110,111,112,113,114,115,116,117,118,119,120,121,122,123,124,125,126,127,128,129,130,131,132,133,134,135,136,137,138,139,140,141,142,143,144,145,146,147,148,149,150,151,152,153,154,155,156,157,158,159,160,161,162,163,164,165,166,167,168,169,170,171,172,173,174,175,176,177,178,179,180,181,182,183,184,185,186,187,188,189,190,191,192,193,194,195,196,197,198,199,200,201,202,203,204,205,206,207,208,209,210,211,212,213,214,215,216,217,218,219,220,221,222,223,224,225,226,227,228,229,230,231,232,233,234,235,236,237,238,239,240,241,242,243,244,245,246,247,248,249,250,251,252,253,254,255,256,257,258,259,260,261,262,263,264,265,266,267,268,269,270,271,272,273,274,275,276,277,278,279,280,281,282,283,284,285,286,287,288,289,290,291,292,293,294,295,296,297,298,299,300,301,302,303,304,305,306,307,308,309,310,311,312,313,314,315,316,317,318,319,320,321,322,323,324,325,326,327,328,329,330,331,332,333,334,335,336,337,338,339,340,341,342,343,344,345,346,347,348,349,350,351,352,353,354,355,356,357,358,359,360,361,362,363,364,365,366,367,368,369,370,371,372,373,374,375,376,377,378,379,380,381,382,383,384,385,386,387,388,389,390,391,392,393,394,395,396,397,398,399,400,401,402,403,404,405,406,407,408,409,410,411,412,413,414,415,416,417,418,419,420,421,422,423,424,425,426,427,428,429,430,431,432,433,434,435,436,437,438,439,440,441,442,443,444,445,446,447,448,449,450,451,452,453,454,455,456,457,458,459,460,461,462,463,464,465,466,467,468,469,470,471,472,473,474,475,476,477,478,479,480,481,482,483,484,485,486,487,488,489,490,491,492,493,494,495,496,497,498,499,500,501,502,503,504,505,506,507,508,509,510,511,512,513,514,515,516,517,518,519,520,521,522,523,524,525,526,527,528,529,530,531,532,533,534,535,536,537,538,539,540,541,542,543,544,545,546,547,548,549,550,551,552,553,554,555,556,557,558,559,560,561,562,563,564,565,566,567,568,569,570,571,572,573,574,575,576,577,578,579,580,581,582,583,584,585,586,587,588,589,590,591,592,593,594,595,596,597,598,599,600,601,602,603,604,605,606,607,608,609,610,611,612,613,614,615,616,617,618,619,620,621,622,623,624,625,626,627,628,629,630,631,632,633,634,635,636,637,638,639,640,641,642,643,644,645,646,647,648,649,650,651,652,653,654,655,656,657,658,659,660,661,662,663,664,665,666,667,668,669,670,671,672,673,674,675,676,677,678,679,680,681,682,683,684,685,686,687,688,689,690,691,692,693,694,695,696,697,698,699,700,701,702,703,704,705,706,707,708,709,710,711,712,713,714,715,716,717,718,719,720,721,722,723,724,725,726,727,728,729,730,731,732,733,734,735,736,737,738,739,740,741,742,743,744,745,746,747,748,749,750,751,752,753,754,755,756,757,758,759,760,761,762,763,764,765,766,767,768,769,770,771,772,773,774,775,776,777,778,779,780,781,782,783,784,785,786,787,788,789,790,791,792,793,794,795,796,797,798,799,800,801,802,803,804,805,806,807,808,809,810,811,812,813,814,815,816,817,818,819,820,821,822,823,824,825,826,827,828,829,830,831,832,833,834,835,836,837,838,839,840,841,842,843,844,845,846,847,848,849,850,851,852,853,854,855,856,857,858,859,860,861,862,863,864,865,866,867,868,869,870,871,872,873,874,875,876,877,878,879,880,881,882,883,884,885,886,887,888,889,890,891,892,893,894,895,896,897,898,899,900,901,902,903,904,905,906,907,908,909,910,911,912,913,914,915,916,917,918,919,920,921,922,923,924,925,926,927,928,929,930,931,932,933,934,935,936,937,938,939,940,941,942,943,944,945,946,947,948,949,950,951,952,953,954,955,956,957,958,959,960,961,962,963,964,965,966,967,968,969,970,971,972,973,974,975,976,977,978,979,980,981,982,983,984,985,986,987,988,989,990,991,992,993,994,995,996,997,998,999,1000}

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Clinical practice

- The bodily awareness gave patients **the ability to challenge negative assumptions** about their bodies and can result in **increased bodily acceptance**.
- Mindfulness and yoga and by extension other body awareness approaches are an adjunctive tool in the treatment of body image disturbances in AN patients.
- Take into account **the patient's preference** the chance of success is often higher. It is therefore better that a treatment matches with the person's point of view



21

Exercise : Mirror, mirror on the wall...

Is made of glass that has been coated on one side with a thin layer of reflective silver or aluminium plate.
Italy, 16th Century



Probst, M., & Dieders, J. (2016). The body in movement. In I. Jauregui Lobera (Ed.), *Eating disorders*. Zagreb: InTech



The idea: habituation training

22

The Mirror



Normal mirror behaviour

Mirror avoidance is when the patient refuses to look in the mirror

Mirror checking is defined as constantly examining or judging specific body parts, their shape or weight change in the mirror

It can be used as an intervention in clinical practice to assist in weight loss/gain and improve health outcomes.
Mirror exposure can influence behaviour modification

Probst, M., Peters, G., Vancampfort, D., Vandendriessche, J. (2016). Body exposure and mirror behaviour in female eating disorder patients and non-clinical subjects. *Psychological Topics* 17 (2), 335-348. Available online via <https://doi.org/10.1080/10401801.2016.1151490>

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Closeness/Touch/Massage:

“Noli me tangere” (Evangelium Otto III, ca 1000)



Bayerische Staatsbibliothek München

- “Noli me tangere” =
 - do not touch me
 - do not approach me
- Fear of invisible particles,
- Fear of touch,
- Fear of breath,
- Fear of proximity, closeness, (social distancing)

The therapist is responsible for the delicate balance between positive and negative reactions

25

Dysfunctional physical activity and exercise

- When are physical activity and exercise healthy and when they become dysfunctional?

	normal	pathological	pathological	pathological	pathological
1. I engage in physical activity/exercise					
2. I like to exercise with other people					
3. I am physically active to feel healthy					
4. I am physically active to feel better					
5. I exercise to feel better					
6. I exercise to feel better					
7. I exercise to feel better					
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16. I exercise to feel better					
17. I exercise to feel better					
18. I exercise to feel better					
19. I exercise to feel better					
20. I exercise to feel better					



Frequency, intensity, type, time (duration) & Why?



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Dysfunctional physical activity and exercise

An immediate suspension of all physical activity is contra-indicated

Dialogue: reaching a consensus is priority. Physiotherapists can help, in consensus with the patient, to gradually reduce the exercise intensity and frequency in a structured manner.

- Guidelines American College of Sport Medicine
- Moderate physical activity (cardio-respiratory) moderate: ≥ 30 min/d-1 on ≥ 5 d/wk-1 for a total of ≥ 150 min/wk-1,
- Muscle strengthening activities

Guidelines

- BMI: <12 : Light intensity activities only under medical supervision
- BMI: <14 : basic physical activity (light housekeeping activities)
- BMI: $14-16$: mild physical activity under professional supervision
- BMI: $16-18$: the patient receives more responsibility; the role of the professional is coaching
- BMI: >18 : the patient receives all the responsibilities

It is always searching for a balance and sometimes therapists are confronted with their limits and with feelings of impotence/ powerlessness

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Individual versus group approach

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- Open access (free on internet):
 - The link to your chapter is here: <https://www.intechopen.com/books/clinical-physical-therapy/physiotherapy-and-mental-health>
 - The link to your chapter is here: <https://www.intechopen.com/books/eating-disorders-a-paradigm-of-the-behavioral-psychosocial-model-of-effects-of-the-body-on-movement-a-clinical-approach>
 - The link to your chapter is here: <https://www.intechopen.com/books/occupational-therapy-occupation-focused-bodily-practice-in-rehabilitation/psychomotor-therapy-for-patients-with-severe-mental-health-disorders> Psychomotor Therapy for Patients with Severe Mental Health ...

30

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31

Body Attitude Test: the literature

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Thank you for your attention !

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