# Robin McKenzie: the Influence of a giant

**Robin McKenzie** *CNZM, OBE, FCSP (Hon), FNZSP (Hon), Dip MDT, Dip MT*

On 13 May 2013 Robin McKenzie passed away after a short battle with cancer. As we mourn the loss of a local physiotherapist who contributed immensely to establish physiotherapy as a respected and valued profession in New Zealand, so too does the world mourn the loss of an 'influential giant' who changed the careers of many health professionals and assisted thousands of patients to live painfree lives. But Robin was more than just a physiotherapist. As we reflect back on his life and the impact he had on so many people, we also remember his great love for his family and the value he placed on empowering others to fully reach their potential in life.

The McKenzie Method of Mechanical Diagnosis and Therapy (MDT) was developed by Robin following a chance discovery in 1956 and is based on the effect the correct position and movement can have on mechanical pain. What can be forgotten when we gloss over the facts and dates, is that it took nearly 30 years of Robin attending meetings, conferences, travelling internationally, teaching courses, and writing books, for MDT to start to be accepted by health professionals. It has taken another 30 years for MDT to be accepted as a valid assessment and treatment option for patients presenting with mechanical back or extremity pain. That demonstrates Robin's incredible tenacity, strength of character, and desire to help as many people who were suffering as he was able to, even when he faced persistent opposition to his work. In 2009 he published his autobiography, Against the Tide (McKenzie 2009), in which he describes the battle fought for MDT to gain acceptance. Due to his humility and empathy, right through the ensuing nearly 60 years patients continued to be at the centre of Robin's drive, as shown by the fact he dedicated his autobiography to his patients. Even recently he was concerned that there are still millions of people around the world suffering from back pain who have not received effective and appropriate treatment yet.

In 1982 Robin established the McKenzie Institute International (MII) to educate health professionals in, and promote the principles of, the management of musculoskeletal disorders using MDT. Robin's vision was that as many people in the world who needed help with their mechanical pain were able to receive it, and he knew early on that to achieve that vision he would need to involve others. Robin passed on his theories and experiences through conferences and courses, and trained Faculty Instructors to also teach MDT to other health professionals. Over time the educational process developed to its present structure of four 4-day courses followed by a Credentialing Examination. Once the Credentialing Examination has been passed a therapist may enrol for the post-graduate Diploma in Mechanical Diagnosis and Therapy (Dip MDT), which is now completed through Dundee University in Scotland. To assist in the education process Robin wrote the lumbar spine textbook in 1981 (McKenzie 1981) and the cervical and thoracic spine textbook in 1990 (McKenzie1990). Due to the growth in the depth of understanding of the MDT principles, and the extent of the research validating it, Robin re-wrote both these textbooks in 2003 (McKenzie and May 2003) and 2006 (McKenzie and May 2006), as well as writing the text book on the extremities in 2000 (McKenzie and May 2000). A glimpse into the humility and vision of Robin is seen by the fact he realized that his work could have an even greater reach and impact if he included others who were more experienced in the writing process, so he invited Dr Stephen May in the UK to co-author all the recent textbooks.

Through Robin's leadership, vision, empowerment, and encouragement, the McKenzie Institute International, which is a non-profit organisation, now has branches in 28 countries, and courses are being taught in a further 14 countries. There are 77 teaching faculty throughout the world, 374 holders of the Dip MDT, and over 5000 credentialed therapists internationally. Throughout the 23 years I have known Robin a common theme in many of our conversations was the need to help more clinicians become more effective to help more patients. It was never about his own ego, or personal recognition, but rather trying to help as many people as possible. And that humility and empathy has permeated throughout the McKenzie Institute, with many people commenting that attending one of the MII conferences or seminars anywhere in the world is like attending a family gathering. There is no room for egos and selfish ambitions; because Robin's reminder to us was always to remember it is all about the patient and not ourselves.

One of Robin's strengths was his deep sense of curiosity and searching for proof that the principles of MDT were founded on scientific truth. I will never forget the McKenzie Institute International conference in Dallas, Texas in 1991 when Michael Adams presented his paper demonstrating the anterior and posterior movement of the nucleus pulposus in response to flexion and extension (Adams and Dolan 1995). Robin told me later how excited he was that what he had said could happen was finally being proven to be true. Over the next 20 years more proof has followed that the disc can behave in the way Robin suggested. There is more research needed to relate the movement of structures to the actual production and abolition of pain, but we now know more about the potential structures involved. We know that not all derangements originate from a discogenic source, but the fact that the scientific evidence now exists that structures in the spine behave in certain ways, validates Robin's early hypotheses of the origin of mechanical low back pain. Robin always encouraged research into the cause and treatment of low back pain, and was always an avid reader of any relevant published studies. I asked him once if he was concerned about the extent of research looking at MDT and he said that it was great, as long as the methodology was of a high scientific level. It was almost like he was saying 'bring it on' as he knew that what he saw occurring in patients, and had been successfully replicated by therapists around the world for many decades, would stand up to thorough, accurate, high-quality, scientific scrutiny. To date there are over 200 relevant research articles for the lumbar spine listed on the research page of the McKenzie Institute International website (http://www.mckenziemdt.org/libResearchList.cfm?pSection=int) . However, there is a need for further research in order to find more answers to the question of how we treat more patients more effectively. One of the issues Robin and I discussed frequently was the difference between what

we experience in the clinic as clinicians and what the researchers find in their studies. I learnt through these conversations about the intricacies of research and the importance of sound methodology. When a paper was published that supported MDT Robin would always caution us to not get excited until several high quality papers had the same result.

The McKenzie Method of Mechanical Diagnosis and Therapy, however, is not only for the treatment of low back pain. Early in the process of developing MDT Robin discovered the same principles could be used for treatment of mechanical pain in the cervical spine, the thoracic spine, and the extremities. On the surface MDT is a simple system. But behind it lies a complex level of understanding of the presentation of mechanical pain. A patient attending a clinic of an MDT trained clinician will be examined to determine if the pain, wherever it is in the musculoskeletal system, is mechanical in origin. If so, does it fit into one of the three sub groups? If so, does it have a directional preference? If so, which is the specific exercise the patient needs to perform as their self-management programme? This has been Robin's greatest gift to clinicians. To offer them a simple yet complex system for identifying patients they are able to effectively treat, and then giving them the tools to be able to do so. Robin's greatest gift to patients was to believe in their ability to treat themselves, once they had been effectively taught how to do so. A strong focus of MDT has always been on patient education. In the 1980's Robin began publishing his Treat Your Own Back (McKenzie 1980) and Treat Your Own Neck (McKenzie 1983) books in order to provide a tool for millions of people around the world who will suffer from mechanical back and neck pain at some point in their lives. To date, over 6 million copies in 7 languages of Treat Your Own Back and Treat Your Own Neck have been sold. Recently Treat Your Own Shoulder (McKenzie et al 2009) and Treat Your Own Knee (McKenzie et al 2012) have been added to the series by Robin encouraging Grant Watson and Robert Lindsay to join his writing team. This again demonstrates Robin's willingness to pass the mantel on, empowering others to fulfil their potential, and to further the dream of helping more patients to treat themselves.

Approximately 13 years ago Robin suffered his first bout of ill health. In true Robin style, he kept his situation quiet to avoid attention on himself, but he changed focus to ensure the McKenzie Institute International and MDT would be secure and robust for a long future, beyond his life span. Since its inception the Institute has been overseen by a Board of Trustees from around the world, with a CEO being responsible for the daily functioning of the Institute, and with Robin as the president. Over the past 10 years he has gradually stepped back to enable others to step forward, being empowered and mentored by Robin himself. The McKenzie Institute is in an incredibly strong position now. Lawrence Dott, who has been the CEO since 1991, continues to effectively guide and lead the Institute's branches to achieve their personal strength. Dr Helen Clare, as the International Director of Education continues to successfully lead the forward-thinking International Education Committee to ensure the educational programme is relevant, uniformly-structured, and current for this technological age. And Uffe Lindstrom, as the Chairman of the Board of Trustees, continues to wisely lead the Institute forward in his governance role.

The future of the McKenzie Institute International and the McKenzie Method of Mechanical Diagnosis and Therapy is strong. Robin will be missed by many of us for a long time. He was a man of integrity, vision, empowerment, curiosity, tenacity, and empathy. In 2004 Robin was voted the Most Influential Giant by American orthopaedic physical therapists due to the impact he had had enabling clinicians to effectively treat patients. He received many honours both in New Zealand and internationally, but he remained a humble man who wanted to help more patients, avoid the limelight, and for people to fulfil their potential. He was not afraid to challenge people's beliefs and he ruffled a few feathers in his time, but that again demonstrates the depth of his desire not to settle for anything but the best for people. He was known for his incredible generosity as seen by him setting up a scholarship to enable new graduate New Zealand physiotherapists to partake in the MDT educational process, and by always being available for clinicians around the world to contact him and ask advice. He will be missed by many. But as Uffe Lindstrom said at the recent European McKenzie Institute meeting, 'this is not the end...it's not the beginning of the end...it's actually the end of the beginning.' Due to Robin's foresight and passion, he has left the Institute and MDT in incredibly strong positions. It is now up to us to continue his legacy of treating patients with mechanical pain by teaching them to treat themselves. A mighty totara has fallen, but the forest remains strong and Robin's legacy will go on.

Celia Monk
*New Zealand Faculty Member of the McKenzie Institute International.*

## ACKNOWLEDGEMENTS

Sincerest thanks to Grant Watson, Dr Stephen May, Rachel Mason, and Greg Lynch for their editing assistance.

## REFERENCE LIST

Adams MA and Dolan P (1995) Recent advances in lumbar spinal mechanics and their clinical significance. *Clinical Biomechanics* 10:3–19.

McKenzie R (1980) Treat Your Own Back. Wellington, New Zealand. Price Milburn

McKenzie R (1981) The Lumbar Spine Mechanical Diagnosis and Therapy. Waikanae, New Zealand. Spinal Publications New Zealand Limited.

McKenzie R (1983) Treat Your Own Neck. Waikanae, New Zealand. Spinal Publications New Zealand Limited.

McKenzie R (1990) The Cervical and Thoracic Spine Mechanical Diagnosis and Therapy. Waikanae, New Zealand. Spinal Publications New Zealand Limited.

McKenzie R (2009) Against the Tide. Wellington, New Zealand. Dunmore Publishing.

McKenzie R and May S (2000) The Human Extremities Mechanical Diagnosis and Therapy. Waikanae, New Zealand. Spinal Publications New Zealand Limited.

McKenzie R and May S (2003) The Lumbar Spine Mechanical Diagnosis and Therapy 2nd Ed. Waikanae, New Zealand. Spinal Publications New Zealand Limited.

McKenzie R and May S (2006) The Cervical and Thoracic Spine Mechanical Diagnosis and Therapy 2ndEd. Waikanae, New Zealand. Spinal Publications New Zealand Limited.

McKenzie R, Watson G and Lindsay R (2009) Treat Your Own Shoulder. Raumati Beach, New Zealand. Spinal Publications New Zealand Limited.

McKenzie R, Watson G and Lindsay R (2012) Treat Your Own Knee. Raumati Beach, New Zealand. Spinal Publications New Zealand Limited.

28 April 2013

Dear Editor

## Regulation of New Zealand Physiotherapists over the past 100 Years

The review of regulation of the physiotherapy profession in New Zealand in the March 2013 centennial issue of the journal (Grbin 2013) only briefly mentions the Acts prior to Health Practitioners Competence Assurance Act (HPCAA), and mostly discusses the HPCA Act under which the profession has only been regulated since September 2003. As an historical review of the regulation of the Physiotherapy profession and the practice of Physiotherapy in New Zealand, there are some key omissions and milestones important to note.

The Physiotherapy Act 1949 regulated the profession in New Zealand for fifty-four years of the past 100 years, and was surprisingly forward thinking in some respects for that time. It introduced further Disciplinary Powers (section 24) to those under the previous Masseurs Registration Act 1920 (MRA) and its Amendments, being those for "gross negligence or malpractice or grave impropriety or misconduct", as well as for physiotherapists "convicted of an offence punishable by imprisonment". These were quite apart from the "fitness to practice" sole provision mentioned in the recent review (Grbin 2013) for mental illness, (under the 1949 Act those for disability were clearly stated under section 22 "Notification of Disability and suspension of registration" as provisions for physiotherapists deemed to be "unable to perform his professional duties satisfactorily due to mental or physical disability" by a medical superintendent of a hospital or a medical practitioner (1964 amendment)). The 1949 act also protected more than the title of "masseur" or "massage expert" as protected in the 1920 MRA, adding the protection of the use of the names and titles "Physiotherapist" and "Physical Therapist", as well as the use of "any written words, initials, or abbreviations of words intended or likely to cause any person to believe that he is registered under this Act or is engaged in the practice of physiotherapy or any branch of physiotherapy or that he is qualified to practise physiotherapy or any branch of physiotherapy". This was at a time well before the appearance of the numerous non-registered and "alternative health" practitioners, massage and exercise therapists who have emerged in more recent years. The NZSP and successive Boards advocated strongly over many years for a review of the 1949 Act to better protect the public of New Zealand, particularly in the areas of discipline, fitness to practice, and also the need to link ongoing competence to the issue of Annual Practising Certificates.

Servicing of the Board's activities / administrative functions under the 1949 Act was all undertaken by the Department of Health / Ministry of Health. The Chair of the Board was always the Director General of Health (or his nominee), and even the Registrar was an employee of the Health Department/Ministry of Health, being the Advisory Physiotherapist until the restructuring of the Ministry of Health in 1991, which removed the roles of Advisory Physiotherapists, and therefore the positions of Registrar and Deputy Registrar were no longer physiotherapists but employees of the Ministry, who serviced several Boards. The membership of the Board was prescribed under the Act, as it was under the MRA 1920, and there were no lay persons, the only non physiotherapists being the Chair and two medical practitioners. Until the HPCA Act came into force, the 1949 Act underwent several Amendments and changes to Regulations. The fifty pound penalty stated in the recent review (Grbin 2013) had actually risen to $10,000 (still inadequate) by the time the 1949 Act was replaced by the HPCAA.

A significant omission in the Grbin (2013) account of the history of the legislation is The Physiotherapy Amendment Act 1999. Without the enactment of this important legislation, the Physiotherapy Board would neither have had the capacity nor capability for the many huge changes and operational functions it would be facing following the enactment of the HPCAA. In 1996, the Health Occupational Registration Acts Amendment Bill (HORAAB) was drafted, its purpose being to amend eleven health occupation regulation statutes, including the Physiotherapy Act 1949. This proposed legislative amendment was to be a prelude to an "umbrella Act" that would cover all NZ Registered Health Practitioners, the blueprint for this proposed Act being the Medical Practitioners Act 1995, which included provisions for the review of ongoing competence, physical and mental fitness to practice, scopes of practice, registration of specialisation and the ability to restrict or supervise practice. The HORAAB was passed in the house on 6 October 1999 and came into force seven days later and amended the 1949 Act again as the Physiotherapy Amendment Act 1999.

The changes this enabled were major – the Board's status changed to a "Body Corporate with perpetual succession" with the "rights, powers and privileges" and "all the liabilities and obligations of a natural person of full age and capacity". It removed the Ministry of Health employed officials (the Chair and Registrar) from the Board, amended the prescribed composition of the Board to eight members from nine, included two lay members for the first time, removed the right of Board membership of the heads of the "approved training schools" (amending this to "not more than one person involved in teaching physiotherapy"), gave authority for the Board to elect its own Chair and Deputy Chair for the first time in the history of the regulation of Physiotherapy, and gave authority for the Board to employ and appoint its own staff, including a requirement to appoint a Registrar and Deputy Registrar, and the ability to employ any other staff or agents. Under this Act, the Board was, for the first time, able to operate independently from the joint Occupational Registration Boards Secretariat housed in the Ministry of Health, and select and employ its own dedicated staff, which considerably improved responsiveness, efficiency and effectiveness of the Board's operational activities, and allowed the Board to prepare the operational infrastructure and develop governance policies to support the Board's activities and be ready for the additional requirements and functions under the proposed HPCAA. The Physiotherapy Amendment Act 1999 also increased the level of fines, required an Annual Report to the Minister of Health, and made the Board financially independent of the other Boards. It required the Board to open a bank account and appoint a Chartered Accountant as auditor of the financial activities of the Board, permitted the prescription of a range of fees, permitted the imposition of a disciplinary levy on all practitioners, and permitted the Board to use modern technology and media to hold meetings and make binding decisions.

The first CEO/Registrar of the Physiotherapy Board commenced his employment in March 2000, and the first lay members were appointed by the Minister of Health in October 2000.

Grbin (2013) mentions the development of the 1999 "entry level competencies for physiotherapists" document. However, it should be noted that this document was based on a full revision and update of the first "Registration Requirements – Competencies and Learning Objectives" published by the Board in 1988, from which the Schools of Physiotherapy developed their first four year degree curriculae. This original document proved to be extremely important as evidence of the need for the Physiotherapy undergraduate training in New Zealand to require a funded four year degree to meet these competencies, rather than three years (which the Ministry of Education would only fund). The Board undertook a detailed project and sought documented opinion from Australian and British senior Physiotherapy Educators, as physiotherapy students had to fund their fourth year until the Board's efforts achieved success in gaining the funding of the fourth year in 1998.

The Grbin review (2013) clearly sums up the value of appropriate statutory regulation, as now provided by the HPCAA, which addresses the deficiencies in prior legislation. The review also reinforces the need for the Board to have a more active role in workforce planning to better meet the changing health needs of the NZ public, as well as keeping the physiotherapy workforce informed of any lessons learned and recommendations from adverse outcomes or near misses, thus ensuring continuous quality improvement.

## REFERENCES


Department of Health (1949) The Physiotherapy Act 1949 (and Amendments) http://legislation.knowledgebasket.co.nz

Grbin M (2013) Regulation of New Zealand Physiotherapists over the past 100 years. *New Zealand Journal of Physiotherapy* 41(1): 07-10.

Ministry of Health (1999) Memorandum to Members of all Boards from Sonia Thistoll on passing of Health Occupational Registration Acts Amendment Bill

Ministry of Health (1995) Medical Practitioners Act (1995)

Ministry of Health (2003) Health Practitioners Competence Assurance Act 2003

Physiotherapy Amendment Act (1999) http://legislation.knowledgebasket.co.nz

Physiotherapy Board (1988) Registration Requirements Volume 1 – Competencies and Learning Objectives

Slane B H Privacy Commissioner (13-05-2006) Health Occupational Registration Acts Amendment Bill http://privacy.org.nz



*Frances Wilson*
*Grad Dip Phys MCSP, Dip MT, MPNZ (Hon Life)*
Former Board Member Physiotherapy Board (1991-2002)
Former Chair Physiotherapy Board Education Committee 1991-2002
Former Deputy Chair, Physiotherapy Board Accreditation Committee (1995-2002)
First elected Chair, Physiotherapy Board of New Zealand (1999-2002)
Former Chair, Competency Review Committee (1996-2002)