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Visceral Mobilization as Part of the Course Curriculum in Physiotherapy

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Dear Editor,

Physiotherapy education has evolved significantly over the past decades, transitioning from a primarily musculoskeletal and exercise-based model to a broader discipline that now encompasses cardiopulmonary rehabilitation, neurology, geriatrics, pediatrics, women's health, and pain sciences. Yet, one important area that remains largely absent from mainstream physiotherapy curricula, particularly in South Asia, is **visceral mobilization**. I wish to draw attention to the necessity of introducing visceral mobilization into physiotherapy course curricula, given its clinical significance and growing evidence base.

Visceral mobilization, a branch of manual therapy, focuses on restoring mobility and motility of internal organs and their fascial connections. It is grounded in the principle that visceral restrictions may contribute to musculoskeletal dysfunction, pain syndromes, and altered postural mechanics. Research suggests that restricted visceral mobility can exacerbate or mimic conditions such as chronic low back pain, pelvic pain, gastroesophageal reflux, and even respiratory dysfunction[1,2]. Physiotherapists, as movement and function specialists, are uniquely positioned to assess and address these dysfunctions. However, most graduate and postgraduate programs offer little to no structured training in this field, resulting in a clinical skills gap that limits holistic patient care. A growing body of literature, including randomized controlled trials and systematic reviews, demonstrates positive outcomes of visceral mobilization in musculoskeletal pain, urinary incontinence, and functional gastrointestinal disorders[1-3]. For example, studies have shown that mobilization of the colon can improve bowel motility, while diaphragm release techniques can enhance breathing mechanics and reduce dyspnea[3]. Integrating these interventions into physiotherapy

education will enable practitioners to adopt a more comprehensive approach to patient care.Second, visceral mobilization enhances **interdisciplinary collaboration**. Patients presenting with chronic abdominal pain, pelvic floor dysfunction, or thoracic restrictions often receive fragmented care across gastroenterology, gynecology, and orthopedics. Physiotherapists trained in visceral mobilization can bridge this gap by offering complementary interventions that reduce symptom burden and improve quality of life. Including this modality in the curriculum would prepare graduates to actively contribute in multidisciplinary teams, promoting integrated patient management[4]. Third, curricular inclusion promotes **critical thinking and clinical reasoning**. Teaching visceral mobilization is not merely about manual skills, but also about understanding the complex interconnections between organ systems, biomechanics, and neural pathways. This reinforces the biopsychosocial model of care that modern physiotherapy curricula aim to cultivate. Students trained in visceral mobilization learn to consider systemic influences on musculoskeletal presentations, thereby enriching their diagnostic and therapeutic reasoning[2]. Of course, introducing visceral mobilization into an already crowded curriculum presents challenges. Limited faculty expertise, concerns about evidence strength, and time constraints are often cited as barriers. However, these can be addressed through phased implementation. Initially, visceral mobilization can be incorporated as an **elective module** or as part of postgraduate certifications. Faculty development programs and collaborations with international experts can build local capacity. As evidence continues to grow, integration into core curricula can be considered. Importantly, teaching should emphasize both the current evidence base and its limitations, equipping students to critically appraise research and apply techniques judiciously. In the context of Pakistan and other LMICs, where patient volumes are high and access to advanced medical interventions is often limited, the potential impact of visceral mobilization is particularly compelling. Patients frequently present with chronic pain, pelvic dysfunction, and gastrointestinal complaints that do not fully resolve with conventional musculoskeletal physiotherapy. Training physiotherapists in visceral mobilization equips them to deliver more comprehensive, cost-effective care, thereby improving patient satisfaction and clinical outcomes. In conclusion, the integration of visceral mobilization into physiotherapy education is both timely and necessary. It represents a progressive step toward holistic, evidence-based, and patient-centered practice. I urge academic institutions, regulatory bodies, and professional councils to recognize the value of this field and initiate efforts to incorporate visceral mobilization into physiotherapy curricula. Doing so will not only expand the scope of physiotherapy practice but also enhance the profession's ability to meet the complex health needs of our populations.

Yours sincerely,
Dr. Khadija Nafees (PT)

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