

Curriculum Vitae



- Name : Karin Timmermans
Born : 15/05/1963
- 1973-1981 : Member of National Belgium Swimming Team
- 1981-1984 : Studies Physiotherapy
Thesis : Primary Muscular Dysbalance
- 1984-1995 : Physiotherapist working in a grouppractice
- sportphysiotherapy
- manual therapy
- pre- and post-natal gym
- specialised in stretchingtechniques and stabilisationtraining for people with back- and neckproblems.
- 1996 : starting up a private backcenter
- backschool
- stabilisation center
- 2000 : Meeting with Magnus Jansson, Mastercare Sweden
Starting to work with the Mastercare Back-A-Traction
- 2001 : Lecture for the National Athletic Federation, Heizel Brussels
- 2002 : Lecture for doctors and physiotherapists in Klina Hospital, Brasschaat
Introductions and demonstrations of the Mastercare Back-A-Traction in several physiotherapy practices.
- 2003 : Study on chronic low backpatients in cooperation with the University
Department of Physiotherapy in Antwerp : "The effect of the Mastercare Back-A-Traction in combination with exercise therapy on chronic low back pain"
- Antwerp : several lectures "Backcomplaints : New Vision"
- London : Lecture in BUPA-hospital concerning Therapy on the Mastercare Back-A-Traction
- 2004 : Several formations of physiotherapists on how to work with the Mastercare Back-A-Traction
- Member of Congres Federal Sciencepolicy concerning prevention of backcomplaints on the workfloor.
- 2005 : Talinn (Estonia) : lecture "New Vision on Backcomplaints in combination with the Mastercare Back-A-Traction".
- Antwerp : lecture "New Vision on Backcomplaints in combination with the Mastercare Back-A-Traction" for the Union of independent physiotherapists.

As a physiotherapist working with backpatients every day, as we run a backcenter in Belgium. I know that the Mastercare back-a-traction is perfect to treat a lot or say most of all backproblems.

It's not difficult to explain why !

Latest studies prove that most backcomplaints are caused by instability of the spine. We also know that it is the condition of our disc being most responsible for a good functioning segment, that means that if the amount of fluid in the disc is decreasing, this might be because there are not enough recuperation possibilities or because there's a bad circulation within the surrounding tissue, the distance between the vertebrae is decreasing, the stability is getting lost and nerves can be pinched.

On the Mastercare device we find that due to its moving backrest with an inclination of 15°, the tractionforce is big enough to effect a structural face at the spinal segment, because this moving backrest eliminates friction.

This 15° we work in is a very comfortable position and can be safely used for nearly all patients, despite age or weight.

Patients are able to relax in this position and muscle tension and pain will decrease quiet fast.

This 15° inclination position also permits us to combine traction with other useful manual techniques, mobilisations and or manipulations or other soft tissue techniques. So as for instance in most cases of nuclear protrusion or prolaps where we can use the Mc Kenzie principles under traction (the extension exercices).

The moving backrest also permits us to do some more exercices to relieve pressure on the joints and realign the pelvis with a few simple stretching movements as to increase mobility.

When we're able to let the patient relax, sometimes move, separate or realign the segment in such a way as to relieve impingement . When we're able to increase mobility, a third and important step is to start as soon as possible with the stabilization of pelvis and lumbar segments. When working on the table we have the advantage of working in an unloaded, re-aligned position, so we can start in a very early stage with stabilization training to increase muscle-balance.

We also experienced that under traction when the global muscle system (the large and more superficial muscles of the trunk) are stretched (external oblique) (erector spinae) the inhibition towards the local muscles, including deep muscles such as TA and the lumbar MF that are attached to the lumbar vertebrae and sacrum and are capable of directly controlling the lumbar segment is far less then normal which implicates that it's much easier to activate these deeper muscles.

The active co contraction of these muscles is completed at a very low level of muscle activity and is forming a deep muscle corset or performing self-bracing which is very important to prevent relaps.

It's this combination of traction, mobilization and stabilization in a very early stage that we use on the Mastercare back-a-traction and what was the subject of a small study we did at the beginning of 2003 by order of the University department of Physiotherapy in Antwerp.

As for patients position, prone or spine, as both positions are possible on the table it's our experience that prone position is a more comfortable position for most backpatients. The ability to use the Mastercare back-a-traction in this position is certainly a big advantage.

Prone position on the Mastercare back-a-traction is not comparable with prone position on a common massage table or bed; the construction of the table allows knees and hips to stay in a light flexion during traction. The use of support pillows allows us to flex the hips even more to facilitate lumbar traction by flattening the lumbar spine. Also when stepping into and out of the Mastercare back-a-traction, especially when there are disc problems involved, prone position shows to be a better position because we keep the neutral pelvic position, avoiding flexion of the lumbar spine when stepping out. Is it though for one or another reason impossible to put the patient on the stomach, then certainly use the knee-support for the initial treatments (the knee-support is to be adjusted individually).

The results of this study were quiet encouraging as in a group of chronic low back patients (average of +/- 10 year backpain) treated daily on the Mastercare back-a-traction during two weeks the average of VAS-scales (pain-scale) went from 68,267 before treatment to 32.867 after treatment. Also Oswestry-index (functional status) showed the same positive results from an average of 44,4 before treatment to 23.08 after treatment.

Which surely ment a statistically significant change.

Working on the Mastercare back-a-traction means you get a fast : relaxation, decreasing of pain and musclespasm, increase mobility, increase circulation and nutrition towards discs and joints, postural correction and re-alignment of pelvic and spine, increasing muscle balance and power in an unloaded position.

The biggest advantage is that you can start stabilizationtraining in a very early stage.

We use the Mastercare device for :

- Nuclear disc protrusions;
- CLBP;
- Posterior dysfunction syndrome;
- Lumboglut. pain with prolonged restriction of SLR;
- Nerve compressions as long as they are mechanical;
- Recurrence after laminectomy, arthrodesis;
- Primary posterolateral protrusions;
- Anterolisthesis.

I would like to recommend this device to anyone who wants to help people with backcomplaints.