

Table 1.

Author, year, country	Aim	Study design	Journal	Sample size, target group	Context	Data collection
1975, Sundsvold, Norway	Association between muscle tension and psychiatric condition	Quantitative	International	n=136 4 groups (n=45, psychotic, n=30, neurotic, n=40 musculoskeletal pain, n= 21 healthy)	Primary health care and psychiatric hospital	Physical examination
1980, Heløe et al, Norway	Dental, psychological and neuromuscular differences between female patients with Myofascial pain dysfunction	Quantitative	International	N=121 female patients with long-lasting musculoskeletal pain	Department of oral surgery at UiO	Physical examination
1981, Sundsvold et al, Norway	Association between muscle tension and psychiatric condition and gender differences	Quantitative	International	n=157 (91 women and 66 men) 4 group (n=41psychotic, n=30 neurotic, n= substantial abuse=29, healthy n= 57	Primary health care and psychiatric hospital	Physical examination
1989, Mølsted et al, Norway	The physiotherapist's assessment; various bodily postures and their psychological meaning.	Qualitative Theoretical	Norwegian		Theoretical	
1990, Thornquist, Norway	Functional assessment and patterns of interaction at first encounters	Qualitative	International	n=3 physiotherapists; manual, NPMP and district physiotherapists	Primary health care	Video
1991, Aabakken et al, Norway	Evaluation after NPMP treatment	Quantitative One group pre-post test design	Norwegian	n=152 (121 women 31 men) long-lasting musculoskeletal pain	Primary health care	Questionnaires
1991, Thornquist, Norway	First encounters; The focus was on body communication	Qualitative	International	n=3 (1 manual, 1 NPMP, and 1 district physiotherapists)	Primary health care	Video
1994, Thornquist, Norway	Knowledge about the diagnostic process and to identify possible differential frames of reference	Qualitative	International	n=3 (1 manual, 1 NPMP, and 1 district physiotherapists)	Primary health care	Video and interviews
1995, Mølsted et al, Norway	Changes in muscular/respiratory characteristics after short term dynamic psychotherapy	Quantitative	International	n=30 (20 women, 10 men) mental health problems	Primary health care	Physical examination and questionnaires
1995, Thornquist, Norway	What counts as relevant and valid information in a diagnostic context?	Qualitative	International	n=1 NPMP physiotherapist	Primary health care	Video and interview
1997, Gyllensten et al, Sweden	Describe psychomotor functioning	Quantitative	International	n=53 (28 women and 25 men) mental health problems	Suicide Research Centre	Physical examination and laboratory tests
1998, Friis et al, Norway	The psychometric properties of body posture items of the Comprehensive Body Examination CBE)	Quantitative	International	n=99 (39 men, 60 women) 17 pain syndrome patients 27 psychotic patients, 4 non-psychotic patients, comparison group consisting of 51 students and staff	Primary health care and psychiatric hospital	Physical examination

1999, Stokkenes, Norway	Communication-process in NPMP	Quantitative	Norwegian	n=2 patients and one NPMP physiotherapist	Primary health care	Video and interviews
1999, Bunkan et al, Norway	Evaluate the psychometric properties of respiration items of the Comprehensive Body Examination (CBE)	Quantitative	International	n=99 examined (39 men, 60 women) (17 pain syndrome patients, 27 psychotic patients, 4 non-psychotic patients, a comparison group consisting of 51 students and staff	Primary health care and psychiatric hospital	Physical examination
2001, Bunkan et al, Norway	Evaluate the psychometric properties of movement items of the Comprehensive Body Examination (CBE)	Quantitative	International	n=99 examined (39 men, 60 women) (17 pain syndrome patients, 27 psychotic patients, 4 non-psychotic patients, a comparison group consisting of 51 students and staff	Primary health care and psychiatric hospital	Physical examination
2001, Monsen and Havik, Norway	Relationships between pain intensity and psychological and bodily indexes	Quantitative	International	n=40 chronic pain patients	Primary health care	Physical examination and questionnaire
2001, Kvåle et al, Norway	Evaluate relationships between Global Physiotherapeutic Examination and Minnesota Multiphasic Personality Inventory	Quantitative	International	n=177 patients (114 women, 63 men), sick-listed with long-lasting musculoskeletal pain,	Specialist health care	Physical examination and questionnaires
2001, Thornquist Part 1, Norway	Major findings of the author's doctoral dissertation on physiotherapeutic practice	Qualitative	International	n=3 (1 manual, 1 NPMP, and 1 district physiotherapists)	Primary health care	Video and interviews
2001, Thornquist Part 2, Norway	Knowledge about the diagnostic process, the basic assumptions, classificatory schemes and explanatory models underlying it	Qualitative	International	n=3 (1 manual, 1 NPMP, and 1 district physiotherapists)	Primary health care	Video and interviews
2002, Kvåle et al, Norway	Evaluate the reliability and validity of the domain Respiration	Quantitative	International	n= 247 patients (159 women, 88 men) with long-lasting musculoskeletal pain and 104 healthy subjects. Inter-rater reliability was examined by three physiotherapists examining	Specialist health care	Physical examination
2002, Friis et al, Norway	Define if psychometrically sound subscales can contribute to a more specific evaluation, by Comprehensive Body Examination	Quantitative	International	n=99 examined: 17 pain syndrome patients 27 psychotic patients, 4 non-psychotic patients, and a comparison group consisting of 51 students and staff	Primary health care and psychiatric hospital	Physical examination
2002, Bunkan et al, Norway	Examine the inter-rater reliability of the Comprehensive Body Examination	Quantitative	International	n=25 individuals (23 patients and two students). 17 personality disorder patients, 3 psychotic patients, 3 chronic pain patients	Primary health care	Physical examination
2003, Bunkan et al, Norway	Evaluating the psychometric properties of a palpatory examination of muscles.	Quantitative	International	n= 51 nonpatients ,17 Patients with Pain Syndromes, 27 Patients with Psychosis [PP group] and 4 patients with nonpsychotic mental disorders	Primary health care	Physical examination

2003, Kvåle et al, Norway	Investigate inter-tester reliability and validity related to movement	Quantitative	International	n=247 patients (159 women, 88 men) with long-lasting musculoskeletal pain, 104 healthy	Specialist health care	Physical examination
2003, Kvåle et al, Norway	Investigate reliability and validity of the Global Physiotherapeutic Muscle Examination	Quantitative	International	n= 247 patients (159 women, 88 men) with long-lasting musculoskeletal pain and 104 healthy subjects	Specialist health care	Physical examination
2003 Kvåle et al, Norway	Evaluate the discriminative ability of Global Physiotherapeutic Muscle Examination	Quantitative	International	247 patients [159 women, 88 men) with musculoskeletal pain 104 healthy persons [64 women, 40 men)	Specialist health care	Physical examination
2004, Ekerholt and Bergland, Norway	Elucidate patients' experiences of the examination in Norwegian Psychomotor Physiotherapy.	Qualitative	International	n=10, (9 women and 1 man) with long-lasting musculoskeletal pain	Primary health care	interviews
2004 Meurle-Hallberg et al, Sweden	The psychometric properties of Resource Oriented Body Examination (ROBE I) and reduced ROBE I into a shorter version, ROBE II.	Quantitative	International	n=198 (52 men, 146 women) 4 groups, n=22 healthy, n=81 psychosomatic patients, n=78 pain patients, n= 17 schizophrenic patients	Specialist health care	Physical examination
2005, Kvåle et al, Norway	The sensitivity to change and the responsiveness of the Global Physiotherapy Examination	Quantitative	International	247 patients [159 women, 88 men) with musculoskeletal pain	Specialist health care	Physical examination
2005 Thörnberg et al, Sweden	Construct validity of Visual Analogue Scale quality of life in relation to the: Body Awareness Scale Health and its Interview Scale for Body Ego Eating Disturbances Scale, Body Attitude Test and Comprehensive Body Examination	Quantitative	International	n=87 (84 women, 3 men) n=26 patients with anorexia nervosa n= 20 patients with bulimia nervosa n= 41 patients with eating disorders	Department of eating disorder Uddevalla hospital	Physical examination and questionnaire
2006, Østerås et al, Norway	Prevalence of neck, shoulder and upper back pain, and possible associations between such symptoms and physical activity, self-efficacy and relaxation	Quantitative	International	n=416 students (265 females and 151 males)	University	Physical examination and questionnaire
2006, Ekerholt and Bergland, Norway	Massage as interaction and a source of information in NPMP	Qualitative	International	n=10, (9 women and 1 man)	Primary health care	Interviews
2006, Thornquist, Norway	How do professionals constitute “the body”—and what are the connections between professionals' views of the body, their approaches	Qualitative	International	n= 2 first physiotherapist encounters in physiotherapy, where patients' musculoskeletal disorders are assessed,	Primary health care	Video
2006, Meurle-Hallberg et al, Sweden	How do patients with stress-related behaviour and somatoform disorders assess symptoms and self-image compared to healthy individuals	Qualitative	International	N= 31 (20 women,11 men) patients with psychosomatic problems	Specialist health care	Physical examination and questionnaires

2007, Sviland et al, Norway	Elaborate on the theoretical basis for Norwegian psychomotor physiotherapy	Qualitative Theoretical	Norwegian			
2007, Starrin and Låssbo, Sweden	If Young women with long-lasting tension-type headache differed concerning Global Physiotherapy Examination compared to a group healthy young woman	Quantitative	Norwegian	n=29 women with headache and n= 28 healthy women from upper secondary schools	Primary health care	Body examination and questionnaire
2007, Øien et al, Norway	Explore patients' narratives of embodied experiences through Norwegian psychomotor physiotherapy	Qualitative	International	n=2 patients with chronic back pain participated courses. One NPMP physiotherapist	Primary health care	Video, interviews and reflective notes
2007, Anderson et al, Norway	Whether NPMP group training cause a greater effect and promote more patients to return to work	Quantitative RCT	International	n= 52 patients (49 women 3, men) with chronic widespread pain	Specialist health care	Physical examination and questionnaires
2008, Breivte et al, Norway	Describe patients seeking NPMP with validated psychometrically sound instruments	Quantitative	Norwegian	Patients (n=60) None-help-seeking persons (n=66) with similar gender and age distribution	Primary health care	Questionnaires
2008, Dragesund and Råheim, Norway	Explore the experience of body awareness in patients with long-lasting musculoskeletal pain as well as possible changes in this phenomenon	Qualitative	International	n= 13 (5 men, 8 women) with long-lasting musculoskeletal pain	Primary health care	Four focus group interviews
2008, Kvåle et al, Norway	Investigate localization and physical dysfunctions in patients with long-lasting dizziness and physical change, after a vestibular rehabilitation	Quantitative	International	n=32 (20 women, 12 men) patients with long-lasting dizziness	Primary health care	Physical examination and questionnaire
2008, Ekerholt and Bergland, Norway	Clarify patients' experiences of breathing during NPMP	Qualitative	International	n=10 (nine women and 1 man) with long-lasting musculoskeletal pain	Primary health care	Interview
2009, Sviland et al, Norway	Trygve Braatøy's thoughts interpreted in the light of Løgstrup's sense philosophy	Qualitative Theoretical	Norwegian			
2009, Øien et al, Norway	Explore change and perception of change related to patients with chronic back and/or neck pain through NPMP	Qualitative	International	n= 12 patients (2 men,10 women) and 6 physiotherapists (1 men, 5 women) with long-lasting musculoskeletal pain	Primary health care	Video, interviews and reflect notes
2010 Kvåle et al, Norway	To compare, the Global Physiotherapy Examination-52) and the Comprehensive Body Examination. To examine discriminate ability	Quantitative	International	n=132 persons (34 healthy, 32 with localized pain, 32 with widespread pain, 34 with psychoses)	Primary health care and psychiatric hospital	Physical examination
2010, Sviland et al, Norway	Braatøy's thoughts on language in the light of Løgstrup's perspectives	Qualitative Theoretical	Norwegian			

2010, Breivite et al, Norway	Examine the effect of NPMP on subjective health complaints and psychological symptoms	Quantitative Pre-post-test design	International	n = 40 treatment group (31 women, 9 men) long-lasting musculoskeletal pain n = 22 control group (18 women, 4 men) long-lasting musculoskeletal pain	Primary health care	Questionnaire
2010, Dragesund et al, Norway	Develop a self-administered questionnaire for patients with long-lasting musculoskeletal pain capturing experience of body awareness	Quantitative	International	n=300 patients with long-lasting musculoskeletal pain and healthy persons (231 women, 69 men)	Primary health care	Interviews and questionnaire
2010, Kvåle et al, Norway	Develop a new Posture domain based on items from the Global Physiotherapy Examination-52 and Comprehensive Body Examination and discriminate ability	Quantitative	International	n=132 persons (89 women, 43 men) 34 healthy, 32 with localized pain, 32 with widespread pain, 34 with psychoses	Primary health care and psychiatric hospital	Body examination
2011, Øien et al, Norway	Describe communicative patterns about change in demanding physiotherapy treatment situations	Qualitative	International	n=6 NPMP physiotherapists (one male, 5 female) n=11 patients with chronic pain (1 male, 10 female)	Primary health Care	Video, individual- and focus-group interviews, personal notes
2011, Ekerholt and Bergland, Norway	Clarify former patients' experience while undergoing therapeutic treatment in NPMP	Qualitative	International	n=10 (9 women, 1 men) with long-lasting musculoskeletal pain	Primary health care	Individual interviews
2011, Alstad et al, Norway	Changes in pain intensity, flexibility, relaxation and function of transverses abdominis	Quantitative One group pre-post-test design	Norwegian	n =12; 10 women and 2 men) with significant unspecific LBP	Primary health care	Physical examination and questionnaire
2012, Dragesund et al, Norway	To investigate important measurement properties of the Body Awareness Rating Questionnaire	Quantitative	International	n= 50 patients with long-lasting musculoskeletal pain (38 women 12 men) n= 50 gender and age-matched healthy persons	Primary health care	Questionnaire
2012, Kvåle et al, Norway	Develop a new Movement domain, from the Global Physiotherapy Examination-52 and Comprehensive Body Examination. Examine discriminate ability	Qualitative	International	n=132 individuals (89 women, 43) 34 healthy, 32 with localized pain, 32 with generalized pain, and 34 with psychoses	Primary health care and psychiatric hospital	Physical examination
2012, Friis et al, Norway	Develop a method for examination of visible respiratory movements, by extracting from two examinations. Examine discriminate ability	Qualitative	International	n=132 individuals (89 women, 43) (34 healthy persons, 32 with localized pain, 32 with widespread pain and 34 with psychoses	Primary health care and psychiatric hospital	Physical examination
2012, Kolnes, Norway	Describe common bodily symptoms and experiences of anorexia nervosa patients and accompanying physical and emotional impact, and present physiotherapeutic approaches	Qualitative Theoretical	International			

2012, Sviland et al, Norway	Elaborate on the underpinning of Norwegian psychomotor physiotherapy	Qualitative Case study	International	A woman suffering from muscular tensions and pain, depression, anxiety, and anorexia,		based on the journal written
2013, Kvåle et al, Norway	Develop new scales from Global Physiotherapy Examination and Comprehensive Body Examination, and discriminate ability.	Quantitative	International	n=132 persons (89 women, 43) 34 healthy, 32 with localized pain, 32 with widespread pain, and 34 with psychoses	Primary health care and psychiatric hospital	Body examination
2013, Øien, Norway	Explores how narrative knowledge can facilitate change based on a study of long-term NPMP for patients with chronic muscular pain	Qualitative Theoretical	Norwegian			
2014, Solheim and Øien, Norway	Explore how awareness of own bodily reactions may facilitate critical reflection	Qualitative	Norwegian	n=7 (6 women,1 men) social workers	Workplace	Field notes, reflective notes and focus-group interviews
2014, Wilhelmsen and Kvåle, Norway	Address the examination and treatment of musculoskeletal dysfunction in patients with unilateral vestibular hypofunction.	Quantitative	International	N= 4 (2 women,2 men) patients with symptoms of dizziness	Primary health care	Physical examination and questionnaires
2014 Sviland et al, Norway	Elaborates on narrative resources emerging in the treatment of long-lasting musculoskeletal and psychosomatic disorders in NPMP.	Qualitative	International	n= 14 patients (14 women, 3 men) long-lasting musculoskeletal pain	Primary health care	Focus group interviews
2015 Nyre and Steinsvik, Norway	Establish knowledge of the professional development physiotherapists specializing NPMP undergo	Qualitative	Norwegian	n=3 experienced NPMP physiotherapists	Primary health care	Interviews
2015, Ask et al, Norway	Describe self-reported and physically tested function in health care workers with musculoskeletal disorders and how function was associated with work participation	Quantitative	International	n=250 (230 women, 20 men) health care workers musculoskeletal pain	Primary health care	Physical examination and questionnaires
2015, Øien and Solheim, Norway	Explore influence of supervision, encompassing experiences and reflections on bodily exercises, reflection on challenging professional experiences	Qualitative	International	n= 7 (6 women, 1 men) social workers	Workplace	Video, focus group interviews and reflection notes,
2016, Dragesund and Kvåle, Norway	Protocol for a pragmatic, single blinded RCT	Quantitative Protocol-RCT	International	n=126 with long-lasting musculoskeletal pain	Primary health care	Physical examination and questionnaire
2016, Kvåle et al, Norway	Examine if the Global Body Examination, and its' discriminate ability	Quantitative	International	n=132 persons (89 women, 43) 34 healthy, 32 with localized pain, 32 with widespread pain, and 34 with psychoses	Primary health care and psychiatric hospital	Physical examination
2016, Feilberg and	Experiences from treating torture survivors	Qualitative Case study	Norwegian	n= 2 treatment progressions from NPMP physiotherapist perspective	Specialist health care	Journal and reflective notes

Thornquist, Norway						
2017, Børsum and Råheim, Norway	Experiences of treatment of patients with an eating disorder	Qualitative	Norwegian	Team: NPMP physiotherapist, psychologist, psychiatrist and specialist nurse.	Specialist health care	Interviews
2017, Kolnes, Norway	Potential role of in the treatment of anorexia nervosa	Qualitative	International		Theoretical	Reflective notes
2018, Kulsum et al, India	Relationship of GBE Global Body Examination with SGRQ in COPD patients.	Quantitative	International	n=22 COPD male patients	Specialist health care	Physical examination and questionnaire
2018, Dragesund et al, Norway	Developing a unidimensional scale collected for the BARQ using Rasch analysis. Investigate test-retest reliability	Quantitative	International	n= 125 patients with long-lasting musculoskeletal pain (73 women, 52 men), n=48 (45 women, 3 men) long-lasting musculoskeletal pain	Primary health care	Questionnaires
2018 Bergland et al, Norway	Assess the effect of intervention of NPMP on HRQOL and on pain, coping, social support, and self-esteem	Quantitative RCT	International	n= 105 patients with long-lasting musculoskeletal pain (95 women, 10 men),	Primary health care	Questionnaires
2018, Sviland et al, Norway	Portrays a young woman's life experiences and therapy process	Qualitative	International	n= 1 with long-lasting musculoskeletal pain	Primary health care	Reflective notes
2018, Nøst et al, Norway	Effects after 12 months outcomes on persons with chronic pain of a chronic pain self-management course with element of NPMP in the treatment	Quantitative	International	n=121(106 women, 15 men) long-lasting musculoskeletal pain	Healthy Life Centre and primary health care	Questionnaires
2018, Grønning et al, Norway	Explore the participants' experiences with a self-management intervention, including element of NPMP in the treatment	Qualitative	International	N=7 (6 females and one male) long-lasting musculoskeletal pain	Healthy life Centre.	Interviews
2019 Hasha et al, Norway	Protocol for RCT study of two different interventions, the Physiotherapy Activity and Awareness Intervention and Teaching Recovery Techniques	Quantitative Protocol RCT	International	Syrian adults with either pain disorders or post-traumatic symptoms	Specialist health care	Questionnaires
2019 Kristiansen et al, Norway	Feasibility of integrating vestibular rehabilitation and cognitive behaviour therapy for people with persistent dizziness in primary care	Quantitative	International	n=7 (aged 18–70) with acute onset of dizziness	Primary health care	Physical examination and questionnaires
2019, Løken and Riise, Norway	Explore psychomotor physiotherapists experiences of NPMP of patients with traumatic and complex symptoms	Qualitative	Norwegian	n=6 female NPMP physiotherapists	Primary health care	Interviews
2019, Dragesund and Øien, Norway	Explore demanding treatment processes in NPMP	Qualitative	International	n= 5 experienced physiotherapists (4 women, 1men)	Primary health care	Multi-stage focus-group interview

2019, Kolnes and Stensrud, Norway	Novel way of understanding and managing EILO by	Qualitative Theoretical	International			
2019, Kolnes et al, Norway	Examine NPM combined with elements of cognitive behavioural therapy can reduce laryngeal distress in athletes with EILO.	Quantitative and qualitative	International	n= 4 athletes (3 women, 1 man) with EILO	Primary health care	Physical examination, questionnaires, and interviews
2019 Ekerholt and Bergland, Norway	Explore if the NPMP therapists experience the phenomenon “listening to the body” as a useful	Qualitative RCT	International	n= 12 NPMP physiotherapist (11 women, 1 man)	Primary health care	Interviews
2020 Dragesund and Øien, Norway	Explore changes patients experience from NPMP and further transfer into daily life context.	Quantitative	International	n=11 patients with long-lasting musculoskeletal pain (10 women, 1 man)	Primary health care	Focus-group interviews
2020, Teigen et al, Norway	Discuss the implicit view of body and knowledge in Bulow Hansen’s practice	Qualitative	Norwegian	n=23 female NPMP nestors	Primary health care	Video and interviews
2020, Knapstad et al, Norway	Describe the clinical symptoms and physical findings in patients with concurrent neck pain and dizziness and examine whether they differ from patients with dizziness alone.	Quantitative	International	n = 100 patients with dizziness, primary complaint, neck pain as secondar n = 138 patients n = 55 patients with neck pain patients, neck pain primary complaint additional dizziness	Specialist health care	Physical examination and questionnaire
2020, Hasha et al, Norway	Effect of physiotherapy group intervention in reducing pain and mental health symptoms among syrian refugees	Quantitative RCT	International	n=101 refugees	Primary health care	Questionnaires
2021, Dragesund and Øien, Norway	Grasp patients’ experiences of social burdens influence on muscle pain, and how relationship with the therapist influenced change during NPMP	Qualitative	International	n=11 patients with long-lasting musculoskeletal pain (10 women, 1 man)	Primary health care	Focus-group interviews
2021, Dragesund et al, Norway	Comparing treatment of NPMP and COPE	Quantitative RCT	International	n= 128 participants with long-lasting widespread musculoskeletal pain (9 men, 119 women)	Primary health care	Physical examination and questionnaires
2021, Ekerholt and Bergland, Norway	Elucidate NPMP specialists’ clinical experiences in treatment of patients suffering from SHCs.	Qualitative	International	n=12 NPMP specialists were interviewed (11 women, 1 man)	Primary health care	Interviews
2021, Groven et al, Norway	Explore how the closing down of society has impacted psychomotor physiotherapy.	Qualitative	Norwegian	One female NPMP physiotherapist	Primary health care	Interviews
2021, Forsmo and Holmesland, Norway	Shed light on NPMP in patients eating disorders, therapist’s experiences with the use of touch in treatment	Qualitative	Norwegian	n=5 female NPMP physiotherapists working at in clinic for patients with eating disorders	Mental health care.	Interviews

2021, Buhaug et al, Norway	Evaluated prevalence and musculoskeletal dysfunction among workers exposed to bullying.	Quantitative	International	n=144 patients (81 women, 53 men) long-lasting musculoskeletal pain	Outpatient clinic at the Department of Occupational Medicine, HUS	Physical examination and questionnaires
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