

Stellingen behorende bij het proefschrift

## **Physiotherapy Management in Pompe Disease**

1. The large variation in physiotherapeutic interventions provided and the many questions of patients show that a physiotherapy expert in Pompe disease is needed to provide guidance. (this thesis)
2. The combination of aerobic, strength and core stability training, 3 times a week, is feasible and can be performed safely in mildly affected patients with Pompe disease. (this thesis)
3. Exercise training has a positive effect on endurance, muscle strength, core stability, fatigue, pain and mental health in mildly affected Pompe disease patients. (this thesis)
4. Muscle strength of hip abductors and knee extensors, BMI, age, gender and ventilation use contribute most to walking performance of Pompe patients. (this thesis)
5. Incontinence is experienced by one in two adult patients with Pompe disease, and should receive attention during each regular follow-up visit. (this thesis)
6. In de revalidatie van patiënten met de ziekte van Pompe is stilstand geen achteruitgang maar pure winst.
7. Differences in disease severity make it a challenge to design exercise protocols for each and every patient with a neuromuscular disorder.
8. Mensen met mobiliteitsproblemen, die in hun dagelijkse leven afhankelijk zijn van hulpmiddelen, moeten geen problemen hebben om ondersteunende middelen verstrekt te krijgen. (vrij naar D. Veldman, NPCF-directeur, AD 10 dec 2015)

9. The traditional concept that healing tissues must be put to rest to heal is not valid! It is this concept that must be put to rest-rather than the healing soft tissues. (RB Salter 1982)
10. Het verschil tussen intramurale en extramurale fysiotherapie zal mede door technologische ontwikkelingen vervagen.  
(fysiosportiefgroningen.nl)
11. Goede zorg verzekert niet, die doet wat ie kan. (Loesje)

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