



Section 1 | Foundations, innovations, and frontiers in Psychomotricity

Psychomotricity in Italy

Scientific foundations, institutional gaps, and societal perspective towards full recognition

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ABSTRACT

Psychomotricity in Italy exemplifies a discipline in transition, integrating educational, preventive, and therapeutic dimensions while remaining institutionally undefined. This study investigates the scientific underpinnings, professional landscape, and legislative framework of Psychomotricity in Italy. Utilizing national surveys and secondary literature, the authors analyse the professional distribution, training pathways, and sectoral engagement of Italian Psychomotricians. This study employed a mixed-methods approach. A national survey, initially conducted by the authors in 2018 and subsequently expanded in 2024, provided aggregated data on demographics, employment, training, and professional activity. This was complemented by a narrative review of the historical and scientific literature from 1973 to 2024. Descriptive analysis was used to interpret both qualitative and quantitative data, which are presented in the tables. The findings reveal a feminized, regionally skewed profession that is sometimes excluded from public systems of care. Despite its strong theoretical foundations and demonstrable societal relevance, legal ambiguity persists. The authors advocate for unified institutional recognition, aligned with European standards, to safeguard practice and ensure public access.

1. Introduction

At the international level, Psychomotricity is framed as an integrative discipline encompassing physical, emotional, cognitive, and social dimensions, focusing on the unity of the body, mind, and spirit. The European Forum of Psychomotricity (EFP) defines it as a holistic approach in which movement fosters development and relationships, integrating psychology, pedagogy, educational sciences, medicine, and neuroscience to support individuals with motor, cognitive or emotional difficulties (EFP, 2025).

Similarly, the Organisation Internationale de Psychomotricité et de Relaxation (OIPR) defines Psychomotricity as an approach that considers the human being as an indivisible unity, integrating motor, psychic, and social aspects, aiming to support individuals in expressing themselves, adapting to their environment, and achieving personal balance through bodily mediation and relational dynamics (OIPR, 2014).

These international definitions converge on the following essential principles: a holistic vision of human beings, the

central role of bodily mediation, and the discipline's application across health, education, prevention, and rehabilitation domains. They provide a conceptual and professional foundation for national definitions, such as those adopted in Italy, and support the harmonization of training standards and professional recognition across Europe.

In Italy, Psychomotricity has evolved into a scientifically grounded and multidimensional discipline. Since the 1970s, professional associations under the Coordinamento Nazionale delle Associazioni Professionali di Psicomotricisti (CoNAPP)—established by the Associazione Nazionale Psicomotricisti Relazionali Italiani (ANPRI), Associazione Professionale Psicomotricisti Italiani (APPI), and Federazione Italiana Scuole e Operatori della Psicomotricità (FIScOP)—have collectively defined it as a discipline dedicated to promoting health and well-being, aligning with the vision of the World Health Organization (WHO). Its aim is to integrate personal capacities with expressive bodily resources to cultivate a cohesive and functional sense of self, thereby fostering harmonious development through relational dynamics (CoNAPP, 2024).

Although it is extensively practiced in educational, healthcare, and social settings, it lacks full institutional recognition. Italy presents a specific professional landscape in which more psychomotor profiles coexist: “psicomotricista” and neuro- and psycho-motor therapists for childhood (TNPEE). This profession was established in 1997 as a result of institutional dialogue initiated by professional psychomotor associations seeking official recognition of the discipline. However, the outcome was only partially successful; institutions responded by creating a healthcare-specific profession operating exclusively in the field of childhood rehabilitation, as defined by Ministerial Decree No. 56/1997.

This article originates from a broader study that investigates the historical development and current state of Psychomotricity in Italy and illustrates how these aspects contribute to efforts for institutional recognition and a cohesive professional identity. The study explores the following research questions: (1) What historical and institutional factors have influenced the evolution of Psychomotricity in Italy? (2) How is the profession

currently organized and distributed across the educational, preventive, and therapeutic sectors? (3) What evidence underscores the necessity of institutional recognition and alignment with European standards?

Achieving this progress necessitates legislative reform and collective professional action. At present, CoNAPP serves as the primary national body striving to achieve this objective. The data and analyses presented here function as evidence-based tools for advocacy, aiming to inform and engage policymakers and stakeholders regarding the discipline's societal significance and institutional requirements.

In this article, the term *Psychomotrician* will be used to refer to professionals active in both educational and clinical contexts across the life span. While “Psychomotor Therapist” is the common English term, the term *Psychomotrician*, introduced by the EFP in 1996, was deliberately adopted to distinguish this role from the TNPEE, a professional profile specific to the Italian healthcare system and not found in other countries. This article documents the historical evolution, current landscape, and future direction of this discipline in Italy. The goal is to present a scientifically robust and socially engaged case for the full institutionalization of Psychomotricity in the Italian context to protect the profession as a guarantee for the end user.

2. Method

This study employs a mixed-methods approach that integrates a literature review with an analysis of original survey data. Each methodological component is tailored to address distinct aspects of the research questions: the narrative review addresses Research Question 1 by reconstructing the historical and epistemological development of Psychomotricity in Italy, while the national surveys address Research Questions 2 and 3, offering empirical evidence on demographics, training, and professional practice pertinent to institutional recognition. The narrative review scrutinized scientific publications, institutional reports, and historical documents produced between 1973 and 2024, with the aim of identifying theoretical, methodological, and professional milestones that have influenced the evolution of the discipline. The

materials were organized chronologically and thematically coded to underscore key paradigmatic shifts and emerging trends in educational, clinical, and social contexts. To augment the analysis with firsthand perspectives, semi-structured interviews were conducted with three senior experts in the Italian Psychomotricity movement. Their testimonies, derived from decades of research, teaching, and advocacy, provide critical insights into the institutional processes shaping the discipline's national development. The interviews were recorded, transcribed, and thematically analysed to ensure methodological rigor and interpretative consistency. National surveys (CoNAPP, 2018, 2024) were conducted by the professional associations ANPRI, APPI, and FIScOP. Their objective was to map the professional landscape of Psychomotricity in Italy and generate quantitative data to support advocacy and policy dialogue. From a methodological standpoint, the survey adopted a cross-sectional study design; however, data collection was executed in two distinct waves, initially in 2018 and subsequently in 2024. The 2024 edition expanded the original dataset, yielding 2,132 valid responses after data cleaning and validation. Participants were required to have completed at least a three-year Psychomotricity program, irrespective of their current professional status, to ensure a representative perspective of the field. Administered via an online platform, the survey offers significant advantages, including rapid dissemination, cost efficiency, and the ability to reach respondents across the entire Italian territory. Data collection was managed through an online platform, facilitating national coverage and the efficient dissemination of the results. However, as with any self-administered voluntary response instrument, potential biases must be considered. Invalid or incomplete submissions were excluded to mitigate self-selection and nonresponse bias. The final dataset, which was aggregated and anonymized, provides a scientifically robust and externally valid foundation for understanding the demographic and professional characteristics of Psychomotricians in Italy. It encompasses key variables on employment, training, professional fields, and association

membership, enabling an integrated interpretation of quantitative results with historical evidence derived from the review.

3. Historical framework and development

To better contextualize the objectives of this work, it is useful to understand the main historical developments that have led to the current institutional framework of the profession in Italy. The history of Psychomotricity is characterized by a dynamic interplay between innovation and tradition and between pedagogical and therapeutic orientations. In Italy, the emergence of Psychomotricity was significantly influenced by post-World War II intellectual and clinical exchanges with French pioneers such as Lapierre, Aucouturier, Bergès, and Soubiran. These contributions initially impacted paediatric rehabilitation but quickly extended to educational settings, particularly early childhood and primary schools. During this period, key institutional milestones included the founding of the Associazione Italiana Educazione Psicomotoria (AIEP) in 1974, the establishment of pioneering psychomotor training institutes such as the Centro Studi di Psicomotricità Psicologia e Neuropsichiatria Infantile (CSPPNI) in 1972, the Centro Italiano Studi e Ricerche in Psicologia e Psicomotricità (CISERPP) in 1979, and the Istituto Italiano di Psicologia della Relazione (IIPR) in 1988. Additionally, the World Congress of Psychomotricity was organized in Florence in 1982. These developments were accompanied by increasing theoretical coherence and structured pedagogical models, which contributed to the consolidation of Psychomotricity as an emerging profession (Ambrosini & Wille, 2008; Boscaini, 1987, 2002, 2020, 2023; Boscaini & Russo, 2015; Cattafesta, 2018; Vecchiato, 1998).

Thus, by the 1980s, Psychomotricity had gained substantial traction as an autonomous discipline and was actively seeking institutional recognition. However, a critical and controversial turning point occurred in 1994, when a ministerial decree classified Psychomotricity as a specialization within physiotherapy. This classification was met with significant resistance by the professional community, which firmly advocated for the recognition of the distinct epistemological and methodological framework

of Psychomotricity (Boscaini, 2020, 2023; Boscaini & Russo, 2015; Cattafesta, 2018; CoNAPP, 2022). Subsequently, in 1996, the profession of TNPEE was formally established, leading to the 1997 implementation of Ministerial Decree No. 56/1997. While this decree granted partial institutional recognition, it restricted the professional scope of practice to neurodevelopmental rehabilitation in paediatric contexts, neglecting the broader educational, preventive, and relational domains in which Psychomotricity is applied.

This partial institutionalization contributed to the fragmentation of the profession and created regulatory ambiguities. The absence of a fully recognized legal status has allowed the proliferation of educational and professional models that do not always align with the ethical and technical standards required for competent practice (Boscaini, 2002; CoNAPP, 2024). As a result, Psychomotricity in Italy remains caught between differentiated institutional frameworks and lacks a unified professional identity.

Throughout the 2000s, efforts to secure institutional recognition continued. Although several legislative proposals have been introduced, none have been fully enacted. Nonetheless, the professional identity of Psychomotricians continued to solidify. Key national associations have played an important role in standardizing training pathways and enhancing the visibility of the profession at both national and European levels. The enactment of Law No. 4/2013 and Legislative Decree No. 13/2013 marked an important shift, formally acknowledging the right of Psychomotricians trained in private institutions to exercise their profession, even outside the regulatory system of the health professions.

A further milestone was the establishment of CoNAPP in 2018. As a coalition of leading professional organizations, CoNAPP has coordinated national efforts towards professional recognition, ethical regulation, and training harmonization. Despite these advances, full legal and institutional recognition of Psychomotricity remains an ongoing challenge. Law No. 3/2018 (also known as the "Lorenzin Law") and the subsequent Ministerial Decree of March 13, 2018, reformed the organizational structure of health professions and confirmed the inclusion of TNPEEs

in national professional orders. However, these reforms did not extend recognition to Psychomotricians practicing outside the healthcare domain, leaving the discipline with partial legitimacy.

In addition, the 2025 update of the professional classification codes by the Italian National Institute of Statistics (ISTAT), known as Classificazione delle Attività Economiche (ATECO), introduced a specific code for activities related to Psychomotricity. However, the decision by the revision committee to classify both Psychomotricians and TNPEEs under the same category has further muddled the distinction between these two professional profiles, adding more ambiguity in fiscal and regulatory contexts (ISTAT, 2025).

These developments highlight how the historical trajectory towards the professional recognition of Psychomotricity in Italy has been anything but linear. Two primary factors have contributed to this complexity (CoNAPP, 2022): first, the fragmentation among key stakeholders, including training institutions, professional associations, and practitioners themselves, which has hindered the formation of a unified and coherent voice in institutional dialogue; and second, the semantic ambiguity of the Italian term "salute" (health) (WHO, 1946), which is frequently conflated with "sanità" (healthcare system) (WHO, 2000), thus limiting broader interpretations of well-being beyond the medical domain.

4. Legislative and institutional challenges

A central institutional and professional issue in the Italian context concerns the overlapping yet distinct profiles of Psychomotricians and the TNPEE. The TNPEE is a regulated health profession established by Ministerial Decree No. 56/1997, dedicated to habilitation, rehabilitation, and prevention in childhood (0–18 years), primarily addressing neuropsychiatric, neuro-psychomotor, and psychopathological disorders (Ministerial Decree No. 56/1997). TNPEEs operate within multidisciplinary teams and follow medical prescriptions, using interventions targeted at motor, cognitive, and relational skills. In the context of prevention, their ultimate aim is to promote the social inclusion and school integration of children with disabilities. Training to become a TNPEE involves a three-year university degree within the

Faculty of Medicine and Surgery, culminating in a state licensing examination and registration with the professional board, allowing practice in both public and private sectors.

Unlike the TNPEE, whose work is confined strictly to childhood and is firmly integrated within Italy's healthcare system, the Psychomotrician operates across the lifespan and outside rigidly biomedical or rehabilitative paradigms, focusing instead on the promotion of well-being, personal development, and relational-emotional dynamics.

Although the profession is not yet regulated by a specific law, its legal framework is defined by Law No. 4/2013 and Law No. 13/2013. Law 4/2013 governs professions not organized within professional orders in Italy, formally recognizing private qualifications and enabling professional associations to establish quality standards, ethical codes, and criteria for continuing education. This law serves as the primary legislative reference for professions such as Psychomotricity, which are widely practiced but not yet formally recognized within the national healthcare or education systems. Law 13/2013, on the other hand, established the national system for the certification of competencies acquired in formal, non-formal, and informal learning contexts. It promotes lifelong learning and enables the validation and recognition of skills developed outside traditional academic pathways, such as those gained through professional schools or experiential practice, thereby providing an institutional basis for integrating professionals, such as Psychomotricians, into national qualification frameworks. In terms of education, Psychomotricians in Italy are trained through specialized three-year programs that comply with the European Qualification Framework (EQF), Level 6, EU Directive 89/48/EEC. These programs require a minimum of 2,400 hours and encompass theoretical instruction, practical experience, and personal development training. The core subjects include neurodevelopmental sciences, embodied pedagogy, psychomotor diagnostics, and intersubjective techniques. Lifelong learning is promoted by professional associations and continuing education networks.

This fundamental divergence in scope, legal status, and operational contexts contributes significantly to the professional ambiguity characterizing Psychomotricity in

Italy. Clarifying the respective domains and boundaries of these two professions is important to avoid overlap, ensure quality standards, and protect service users. TNPEE, as health professionals, adhere to the bio-psycho-social model of disability proposed by the WHO and use the International Classification of Functioning, Disability and Health – Children and Youth Version (ICF-CY) as a framework for planning interventions (WHO, 2007). Meanwhile, the broader application of Psychomotricians in educational and socio-relational contexts underscores their role as professionals who transcend strictly medical objectives. Therefore, resolving the current regulatory gap demands not only legal recognition of Psychomotricity but also delineation of clear professional boundaries vis-à-vis the TNPEE, ensuring coherence within the national system of health, education, and social services (Cattafesta, 2018).

Multiple legislative efforts (e.g., AC 2360 in 2002) have attempted to formally recognize the profession of Psychomotrician. However, these have consistently failed to result in legally binding legislation. The 2013 and 2018 reforms (See Law 4/2013, Law 13/2013, Law 3/2018) recognized private qualifications and expanded healthcare registries but did not resolve the ambiguous legal status of the profession. In 2025, the ongoing commitment of professional psychomotor associations led to the assignment of the ATECO code 86.99.03 (ISTAT, 2025) to the profession, fully integrating the "Psicomotricista" into the Italian professional landscape for the first time. However, confusion remains, as the TNPEE was also given the same code, preventing end-users from fully understanding the difference between the two professions.

5. Evidence-based overview from national surveys

Expert working groups from professional associations (See CoNAPP) have continued to engage institutional stakeholders in advancing a comprehensive regulatory framework that respects the full complexity and autonomy of Psychomotricity. To this end, recent national surveys (2018, 2024) involving over 2,500 Psychomotricians were conducted to highlight key professional characteristics relevant to the recognition process:

- *Demographic Profile.* The data confirm that the profession is highly feminized (88%) and primarily concentrated in Northern Italy (87%), reflecting broader gender trends in education and healthcare professions.
- *Professional Experience and Distribution.* Approximately 69% of Psychomotricians had more than ten years of professional experience, indicating a mature and stable workforce.
- *Fields of Practice.* Psychomotricians predominantly work in educational (88.4%) and preventive (61.7%) settings; however, they are also increasingly involved

in mental health and geriatric care. This broad distribution underscores the relevance of the profession throughout the life course.

- *Employment and Economic Aspects.* Data on weekly working hours and income levels reveal strong professional commitment despite moderate earnings and part-time arrangements, highlighting the need for public-sector integration.

Specifically, it becomes evident that Psychomotricians work with individuals of all ages to address motor, relational, and emotional challenges, as illustrated in Figure 1.

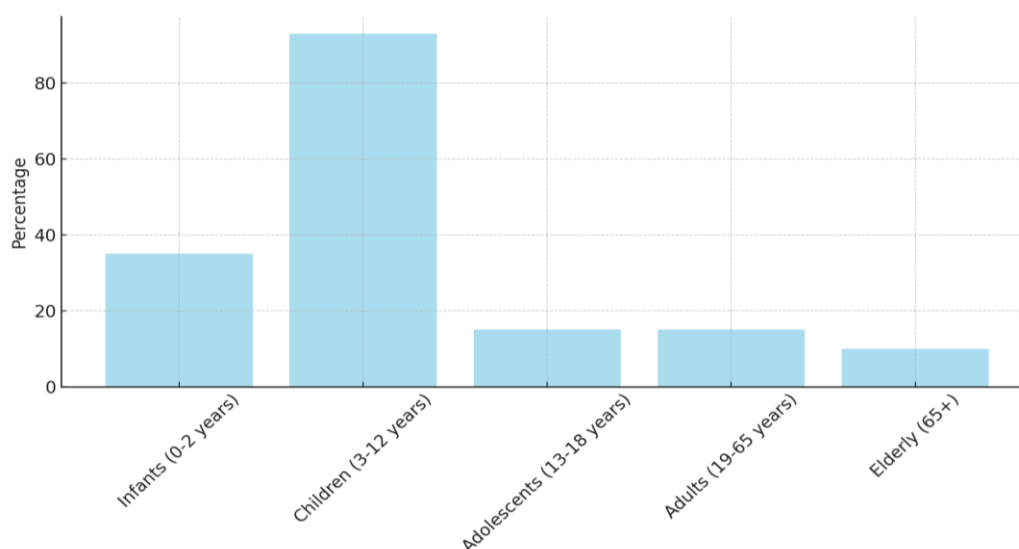


Figure 1. Service demand by user age group¹

Most professionals operate in educational (88.4%) and preventive (61.7%) settings, reflecting their strong commitment to fostering harmonious development and prevention. However, a significant presence also emerged in the fields of health and well-being (36.7%), demonstrating that Psychomotricity serves as an essential tool not only for children but also for adults and the elderly. Specifically, 15% of professionals work in psychiatric contexts, indicating substantial involvement in treating emotional and personality disorders. Additionally, 12% focused on learning disorders and 10.5% on behavioural issues, highlighting the effectiveness of Psychomotricity in supporting individuals with complex

needs. Although children between the ages of 3 and 12 years represented the most involved age group (93.4%), the other categories were not overlooked. Interventions targeting early childhood, including infants (34.9%) and adolescents (15.1%), play a crucial role in early prevention and management of developmental transitions. Adults (14.4%) and older adults (9.3%) also benefit from the psychomotor approach, which supports the maintenance of cognitive, physical, and relational abilities, with a specific focus on quality of life and psychosocial support. This data is useful to highlight how Psychomotricians effectively respond to a broader territorial demand than

that currently addressed by the officially recognized professional profile.

The demographic and professional data presented in the following charts provide a detailed portrait of the Psychomotricity profession in Italy and offer important context for understanding its current structure and challenges.

Table 1 confirms a significant gender imbalance: 88% of practicing Psychomotricians are women, reinforcing the highly feminized nature of the field. According to national labour statistics, women represent the overwhelming majority of workers in the education and health-related sectors, with participation rates exceeding 70% in certain

domains (ISTAT, 2020). This trend is echoed within the field of Psychomotricity, confirming the affinity of the discipline with roles focused on prevention and personal care, traditionally performed by women. At the institutional level, policymakers' interest may be linked to initiatives and policies concerning gender equality. Figure 2 shows that over half of the professionals (approximately 53%) are between 46 and 60 years of age, indicating a mature workforce with consolidated expertise. This level of professional experience should be formally acknowledged and regulated for the benefit of end users and the quality of care, which must be entrusted to qualified and competent professionals rather than untrained practitioners.

Table 1

Gender distribution of Italian Psychomotricians (N = 2,500)

Gender	Frequency	Percentage
Female	2,200	88%
Male	300	12%

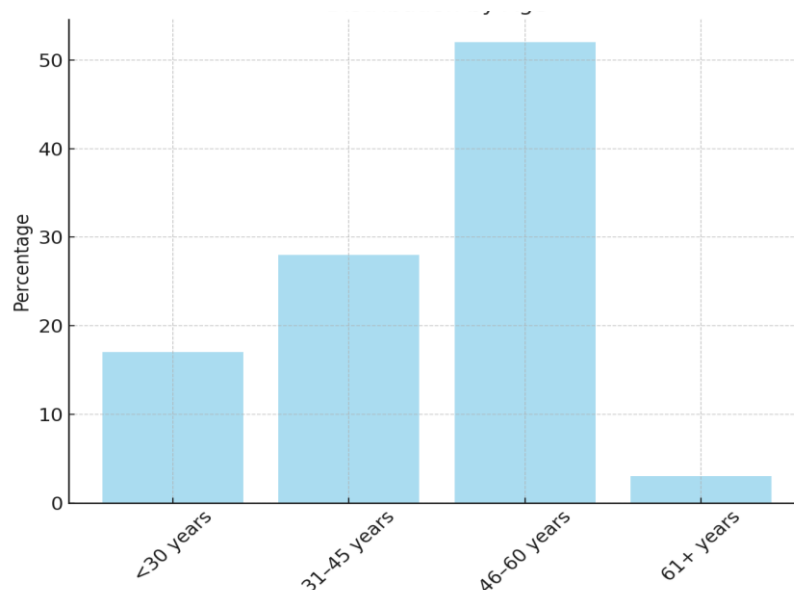


Figure 2. Age distribution¹

Figure 3 highlights that nearly 69% of Psychomotricians have more than ten years of professional experience, which not only reflects long-term stability but also counters the idea that the emergence of the TNPEE profile in 1997 has replaced the broader psychomotor profession. Rather, it

demonstrates the continued presence and development of Psychomotricians as a distinct professional identity. This evidence may indicate to institutional bodies that the reorganization of healthcare activities in Italy remains incomplete and requires further reviews.

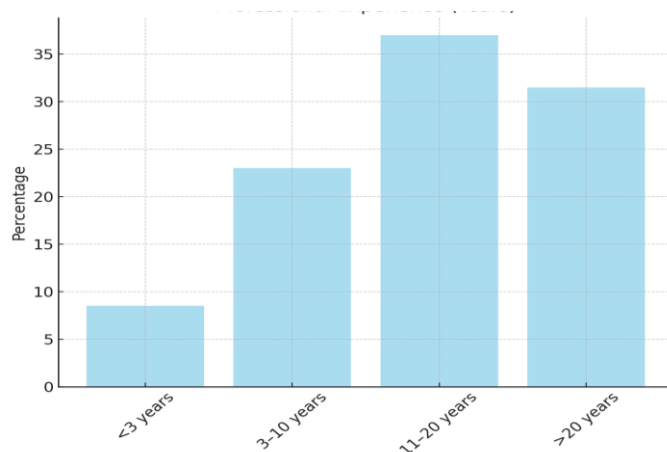


Figure 3. Years of professional experience ¹

The geographical data in Figure 4 reveal that 87% of professionals operate in northern Italy, underscoring regional disparities likely driven by unequal access to training opportunities and greater economic resources in

northern areas. This highlights the importance of institutional recognition in ensuring equitable service provision and professional access across the national territory.

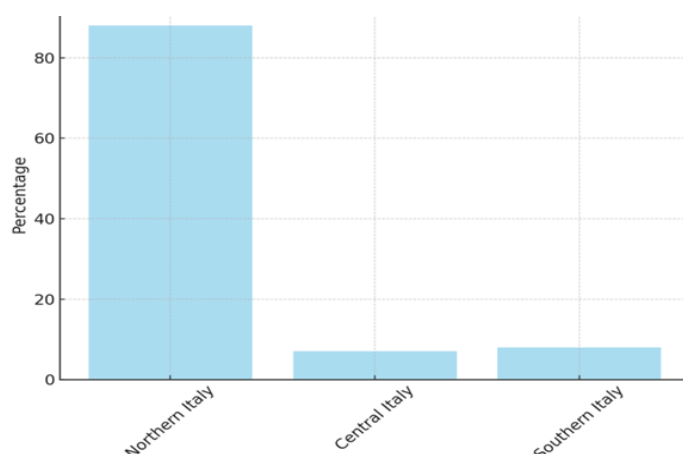


Figure 4. Geographic distribution of work¹

Figures 5 and 6, showing weekly working hours and income levels, respectively, suggest a strong commitment despite part-time structures and moderate-income brackets. This may reflect limited structural integration within the public sector, as further supported by Figure 7, which indicates that most Psychomotricians work independently or in semi-

formal arrangements rather than under permanent contracts. In dialogue with policymakers, this evidence serves to highlight the need for appropriate fiscal, social security, and economic regulations for a profession that is already well-established and actively operating across the national territory.

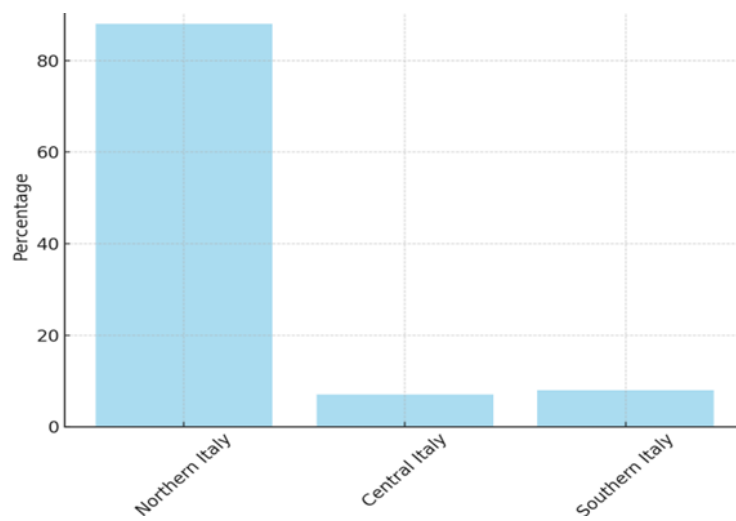


Figure 5. Weekly working hours¹

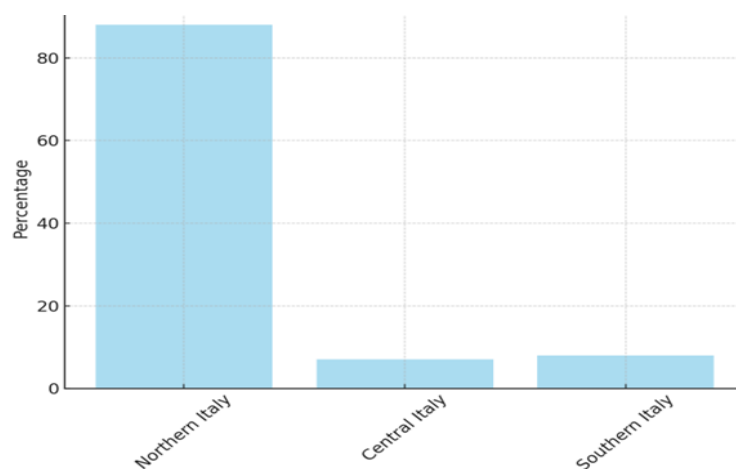


Figure 6. Income levels¹

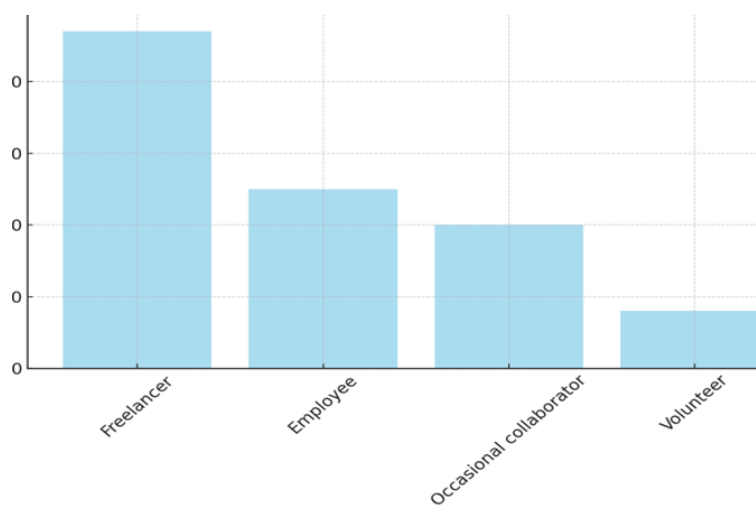


Figure 7. Type of employment¹

Finally, Figure 8 shows continuity in training across decades, demonstrating the resilience and sustained

evolution of psychomotor education, even in the absence of formal recognition.

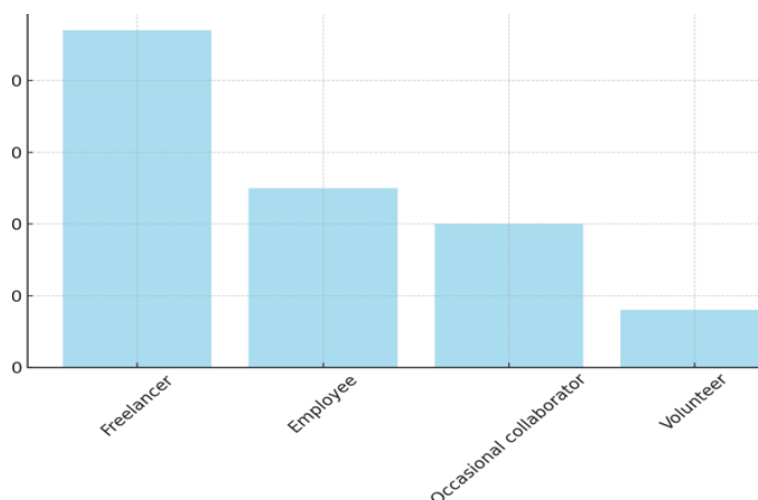


Figure 8. Year of education ¹

Together, these findings reinforce the need for institutional acknowledgment that aligns with the scope, distribution, and long-standing contributions of Psychomotricians in Italy. They highlight a regulatory gap in the current framework, where the broader psychosocial and educational dimensions of Psychomotricity remain insufficiently recognized and unsupported by national policies.

Notably, the profession continues to be predominantly practiced in Northern Italy, where specialized training schools are more concentrated, likely due to the greater economic resources available in the region. This regional disparity underscores the unequal access to psychomotor services and training opportunities across the country. Institutional acknowledgment, particularly through parity between public and private systems, plays an important role in reducing this territorial imbalance, ensuring equitable access to both training and user services nationwide.

Moreover, most Psychomotricians work with minors in preventive and educational settings without formal recognition or total legal safeguards for either professionals or service users. This lack of official status hinders the full integration of Psychomotricity into public services and

reduces its visibility in key policy areas such as early childhood development, inclusive education, and mental health promotion. Simultaneously, the profession holds significant yet underutilized potential for supporting adults and older adults, particularly those affected by neurological conditions, social isolation, or chronic illness, through embodied, relational, and integrative approaches.

Psychomotricians also contribute meaningfully to social contexts by fostering inclusion, empowerment, and resilience in vulnerable groups, such as incarcerated individuals, people with socio-emotional difficulties, people living in residential social care communities, and the elderly. In addition to their applied work, they actively participate in theoretical development, empirical research and professional training. Their engagement in scientific dissemination, interprofessional collaboration, and curriculum design further advances the discipline and supports evidence-based practice.

Despite the existence of the TNPEE university degree, 91.7% of students continue to choose private psychomotor training institutes over public ones. This preference reflects the value placed on the experiential, relational, and lifespan-oriented approach offered by these schools—an

approach not fully addressed by the more narrowly biomedical model of the TNPEE. Clinical psychomotor intervention is grounded in individualized assessment and tailored interventions using tools such as play-based therapy, sensorimotor activities, group facilitation, graphomotor exercises, and relaxation techniques. At the core of this practice lies the lived bodily experience within a professional relationship, where the body is both the means and context for cognitive, emotional, and relational integration. The use of tonic dialogue further distinguishes psychomotor practice as a unique and specialized method.

Altogether, the profession's longstanding presence, extensive application across contexts and populations, and active contribution to knowledge production support the case for its full legal and institutional recognition. Bridging the current regulatory and territorial gaps is essential to ensure equitable access, safeguard the quality of care, and unlock the full societal value of Psychomotricity in Italy.

6. Conclusion: towards full recognition

As shown in this article, Italy's Psychomotricians respond to contemporary societal needs - ranging from child development to aging populations - with a tonic-emotional, embodied approach that complements biomedical, psychological, and educational paradigms.

Official recognition would enable broader access to services, standardized training, legal protection for professionals, and integration into public systems. It would also align Italy with European standards and strengthen international collaboration and mobility. Currently, such collaboration is only possible through bilateral agreements between national professional associations that mutually recognize each other, rather than through a shared European regulatory framework. Notably, the mutual recognition of professional qualifications under Directive 2005/36/EC does not currently apply to Psychomotricians, as the profession remains unregulated in Italy.

Although much of the present analysis is descriptive, its purpose transcends mere documentation. Historical reconstruction, current mapping of professional demographics, training, practice contexts, and identification of legislative gaps together create an

evidence base necessary for informed institutional dialogue. By quantifying the professional landscape and demonstrating the theoretical, empirical, and social foundations of the discipline, this article aims to provide policymakers, professional bodies, and other stakeholders with the robust data required to guide regulatory reforms. Such empirical clarity is essential to justify the institutional recognition of Psychomotricians as an autonomous profession and to delineate its specific scope of practice vis-à-vis other health or educational professions, such as the TNPEE. Furthermore, the data presented here serve to highlight the societal relevance of the discipline and the risks associated with its current legal ambiguity, thereby strengthening the rationale for its formal integration into the national health and education systems. Thus, the descriptive analyses in this study were strategically employed as advocacy tools to substantiate the call for legal recognition and inform policy development in alignment with European standards.

In Italy, Psychomotricity aspires to be a well-established, evidence-informed discipline that seamlessly integrates theoretical rigor with practical relevance across developmental, educational, and clinical domains. Achieving this goal necessitates strengthening and expanding Italian research in Psychomotricity, a process that should be facilitated and supported through formal institutional recognition. The findings presented in this article—rooted in historical analysis and empirical data from two national surveys—demonstrate the scientific validity, professional consistency, and societal utility of Psychomotricians as autonomous professionals. They exhibit a high level of training, professional experience, and active engagement in diverse areas of practice, ranging from early childhood prevention to adult and geriatric care. This research serves as a starting point for the outlined objectives, opening new avenues for further studies that could support this ongoing process. A detailed study aimed at refining the definition of Psychomotricity, supported by a comprehensive review of the available Italian literature, would be highly valuable. This study undertook a detailed historical reconstruction and empirical mapping of the profession. Future research could further consolidate these findings through longitudinal or comparative analyses, thereby strengthening the evidence base for policy

advocacy in this area. The persistent lack of formal recognition not only limits the potential of the discipline to systematically contribute to public services but also exposes practitioners and users to regulatory uncertainty. Incorporating Psychomotricians into national legal and institutional frameworks is thus a necessary and evidence-based step towards aligning Italy with European standards, ensuring ethical, professional, and equitable service delivery. This article calls for an urgent structural response: the full acknowledgment of Psychomotricians as regulated professionals, defined by their embodied, relational, and developmental approach. Such recognition would safeguard professional standards, enhance interdisciplinary cooperation, and ultimately expand access to psychomotor services across all life stages.

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Author Note on AI Usage: Artificial intelligence tools were exclusively used to support the revision of scientific English, including grammar, clarity, and style. No content generation, data analysis, or conceptual contributions were made using AI tools.

¹ Based on data collected through CoNAPP's national censuses (2018 and 2024); aggregation and analysis by the authors for this study

References

- Albanese, A., & Pavan, B., (1990). *Quale psicomotricità?* Ed. Il Cerro
- Ambrosini, C., De Panfilis, C., Wille, A.M. (1999). *La Psicomotricità. Corporeità e azione nella costruzione dell'identità*. Xenia
- Ambrosini, C. & Wille, A.M. (2008). *Manuale di terapia psicomotoria dell'età evolutiva*. Cuzzolin
- Baudacci, S. (2018). *Dolore e Psicomotricità. Studio, ricerca, esperienza*. Vertigo
- Bellotti, G., Madera, M. R. (2008). *L'intervento psicomotorio con persone affette da demenza*. Ricerche di Psicologia, 1/2(10), 1-10. Franco Angeli.
- Bernardi, E., Canevaro, A., Ferioli, L. (1979). *Educazione Psicomotoria: ricerche e linee operative*. Il Mulino
- Biagini, A. (1990). *Educazione psicomotoria: Psicomotricità ed educazione nella continuità educativa*. Nicola Milano Ed.
- Bongermينو, L. (1984). *Psicomotricità per apprendere: metodologia nella scuola per l'infanzia*. Mandese
- Borgogno, E.T. (1983). *Educazione psicomotoria*. Omega
- Borgogno, E.T. (1988). *Educazione psicomotoria nella scuola materna e elementare*. Omega
- Borgogno, E. (1992). *Dall'osservazione al progetto terapeutico*. Omega
- Boscaini, F. (1987). *Approccio psicomotorio e intervento educativo-rieducativo: sussidio metodologico e didattico per operatori dell'assistenza, educatori, animatori, insegnanti specializzati e di sostegno*. Libreria Universitaria Editrice.
- Boscaini, F., Gobbi, G., Malesani, P. & Mazzara, G. (1992). *Iter psicomotorio. Formazione, professione, persona*. Libreria Universitaria Editrice
- Boscaini, F. (2002). *Valorizzare le competenze dello psicomotricista: Dai bisogni formativi alla professionalità*. CISERPP.
- Boscaini, F., Saint-Cast, A. (2012). *Glossario di Psicomotricità*. CISERPP
- Boscaini, F. (2020). *Storia della Psicomotricità*. CISERPP.
- Boscaini, F. (2021). *Formare alla professione di psicomotricista. Il professionista del linguaggio corporeo*. CISERPP.
- Boscaini, F. (2023). *Epistemologia storica della Psicomotricità: Una metadisciplina*. Edizioni Ciserpp.
- Boscaini, F., & Russo, E. (2015). *Evoluzione storica del termine e significato della psicomotricità*. CSPPNi. <http://www.cspgni.it/wp-content/uploads/StoriaPsicomotricità-21-07-2015.pdf>
- Busacchi, M., Nanetti, F., Santandrea, C., (1985). *Psicomotricità: educazione e terapia*. Esculapio
- Caffo, E., Camerini, B., (1991). *Clinica della Psicomotricità e rilassamento*. Ed. Angelo Guerini e Associati
- Campagnoli, P., Massenz, M., Simonetta, E. (1992). *La terapia psicomotoria col paziente psichiatrico adulto*. Ed. Unicopli
- Cannao, A. (1980). *Psicomotricità e processi educativi*. Vita e Pensiero
- Cattafesta, S. (2018). *Immagine personale, professionale e istituzionale dello psicomotricista: Il primo censimento nazionale degli psicomotricisti in Italia*. ReS, Ricerche e Studi in Psicologia e Psicomotricità, 26(2), 17-21.
- Cattafesta, S. (2018). *Psicomotricità*. Reverdito Editore.
- Cattafesta, S. (2019). *Lo psicomotricista come attore nella rete professionale e istituzionale: La professionalità come mediatore nella costruzione di un'etica corporea relazionale*. ReS, Ricerche e Studi in Psicologia e Psicomotricità, 27(2), 18-21.
- Cattafesta, S. (2021). *Formazione dello psicomotricista e applicazione delle politiche professionali europee: il ruolo del*

- monitore. ReS, Ricerche e Studi in Psicologia e Psicomotricità, 29(2-3), 60-82.
- Cattafesta, S. (Ed.2). (2024). *Fondamenti di etica e legislazione professionale in Psicomotricità*. Edizioni APPI.
- CoNAPP – Coordinamento Nazionale delle Associazioni Professionali di Psicomotricisti. (2018). *Censimento nazionale degli psicomotricisti in Italia*. <https://www.conapp.it>
- CoNAPP – Coordinamento Nazionale delle Associazioni Professionali di Psicomotricisti. (2019, March 23). *Proceedings of the 1st National Conference of CoNAPP*. <https://www.conapp.it>
- CoNAPP. (2022, January 24). *Intervista a Boscaini, Russo e Vecchiato – Psicomotricità, esperienze a confronto. Un dialogo ancora aperto* [Video]. YouTube. <https://www.youtube.com/watch?v=jlmq9Jhl5go&t=17s>
- CoNAPP – Coordinamento Nazionale delle Associazioni Professionali di Psicomotricisti. (2024). *Censimento nazionale degli psicomotricisti in Italia*. <https://www.conapp.it>
- CoNAPP. (2024, January 15). *Shared document of the professional associations of psychomotricians*. <https://www.conapp.it>
- Crea, F. (1982). *Psicomotricità e riabilitazione nella terza età*. Esculapio.
- European Forum of Psychomotricity. (2025). *Psychomotricity*. European Forum of Psychomotricity. Retrieved August 6, 2025, from <https://european-forum-of-psychomotricity.eu/psychomotricity/>
- Formenti, L. (2009). *Psicomotricità a scuola: promozione del benessere personale e relazionale*. Erickson
- Ghillani, E., Magnani, G., (a cura di), (1988). *L'apporto e l'approccio italiano alla teoria e alla pratica della Psicomotricità*. Ed. Scientifiche Oppici
- Gobbi, G. (1999). *Psicomotricità e dintorni*. CISERPP
- Istituto di Pedagogia di Roma. (1981). *L'educazione psicomotoria per i tossicodipendenti: Proposta preventiva e terapeutica*. Quaderni dell'Istituto di Pedagogia dell'Università di Roma.
- Italia. Ministero della Sanità. (1994). *Decreto Ministeriale 10 ottobre 1994. Individuazione della figura e del relativo profilo professionale del fisioterapista*. Gazzetta Ufficiale della Repubblica Italiana, Serie Generale, n. 6 del 9 gennaio 1995.
- Italia. Ministero della Sanità. (1997). *Decreto Ministeriale 17 gennaio 1997, n. 56. Regolamento concernente l'individuazione della figura e del relativo profilo professionale del terapeuta della neuro e psicomotricità dell'età evolutiva*. Gazzetta Ufficiale della Repubblica Italiana, Serie Generale, n. 37.
- Italia. (2013). *Legge 13 gennaio 2013, n. 13. Sistema nazionale di certificazione delle competenze acquisite in ambito non formale e informale*. Gazzetta Ufficiale della Repubblica Italiana, Serie generale n. 39 del 15 febbraio 2013.
- Italia. (2013). *Legge 14 gennaio 2013, n. 4. Disposizioni in materia di professioni non organizzate in ordini o collegi*. Gazzetta Ufficiale della Repubblica Italiana, Serie Generale, n. 22.
- Italia. (2018). *Legge 11 gennaio 2018, n. 3. Delega al Governo in materia di sperimentazione clinica di medicinali, nonché disposizioni per il riordino delle professioni sanitarie (Legge Lorenzin)*. Gazzetta Ufficiale della Repubblica Italiana, Serie Generale, n. 25.
- ISTAT – Istituto Nazionale di Statistica. (2025). *Classificazione delle attività economiche ATECO 2025: Codice 86.90.39 – Attività di psicomotricità*. <https://www.istat.it>
- ISTAT – Istituto Nazionale di Statistica. (2025). *Classificazione delle attività economiche ATECO 2007 – aggiornamento 2025*. <https://www.istat.it>
- Massenz, M., Simonetta, E., (2002). *La valutazione Psicomotoria*. Franco Angeli
- Morosini, C. (1973). *Definizione di psicomotricità e significato dell'intervento rieducativo*. Europa Medica, 9(2), 68.
- Morosini, C. (1977). *Psicomotricità*. F.lli Bozzi Ed.
- Nicolodi, G., (2001). *Ti aiuto a giocare*. CSIFRA
- Organization Internationale de Psychomotricité et de Relaxation (OIPR), European Forum of Psychomotricity (EFP), & Red Fortaleza de Psicomotricidad. (2014). *Declaration of Psychomotricity*. Retrieved from <https://www.psychomot.org/declaration>
- Pavesi, M. (2022). *Psicomotricità e Disturbi Specifici dell'Apprendimento. Il bambino oltre il disturbo*. Orientamenti Pedagogici, Erickson 69 (2), 73-80
- Proceedings of the 1st National Conference on Psychomotor Skills (1981). *Paper presented at the 1st National Conference on Psychomotor Skills*, Salsomaggiore Terme, Italy.
- Rosano, M. (1992). *Psicomotricità dell'età evolutiva*. Semeiotica per l'intervento riabilitativo. Piccin
- Russo, R. C. (1986). *La diagnosi in psicomotricità*. Casa Editrice Ambrosiana.
- Russo, R. C. (1988). *Diagnosi, setting e progetto in terapia psicomotoria*. Casa Editrice Ambrosiana
- Russo, R. C. (1997). *Il gioco delle parti*. CSIFRA
- Russo, R. C. (2000). *Diagnosi e terapia psicomotoria*. Casa Editrice Ambrosiana
- Russo, R. C. (2018). *Psicomotricità: Nuovo approccio valutativo e intervento globale: Terapia psicomotoria, sostegno genitoriale, collaborazione sociale*. Casa Editrice Ambrosiana.

- Russo, R. C. (2024). *Stress evolutivo o evoluzione autistica? Valutazione e intervento nella sintomatologia di tipo autistico*. Piccin.
- Suttler Morini, J. (1980). *Le basi teoriche della Psicomotricità*. Ed. Scientifiche Oppici
- Vecchiato, M. (1998). *La terapia psicomotoria*. Idelson.
- Vecchiato, M. (2012). *Il gioco psicomotorio: Psicomotricità psicodinamica*. Armando Editore.
- Vecchiato, M. (2017). *Psicomotricità relazionale: Le mappe emotivo-comportamentali dall'infanzia all'adolescenza*. Armando Editore.
- Vecchiato, M. (2022). *Psicomotricità relazionale: l'intervento terapeutico in età evolutiva*. Armando Editore.
- Wille, A.M. (1996). *La terapia psicomotoria dei disturbi minori del movimento*. Marrapese
- Zanibelli, GF. (1980). *Elementi fondamentali di Psicomotricità*. Piccin